

# **Investigative Techniques Training Manual Workbook**



June 30, 1995

California Environmental Protection Agency  
State of California  
Department of Pesticide Regulation  
Pesticide Enforcement Branch

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# INVESTIGATIVE TECHNIQUES TRAINING WORK BOOK

## OBJECTIVES

The purpose of this training is to help you learn some specific skills for investigating episodes resulting from the use of pesticides.

At the completion of this training you will be able to:

- o Evaluate an initial report of an episode.
- o Formulate a plan that prioritizes and directs your actions during an investigation.
- o Identify and collect necessary evidence.
- o Use the three-phase method to interview persons involved in an episode.
- o Analyze the evidence and determine whether or not all elements of a violation occurred.
- o Prepare an investigative report with supporting documentation and evidence.

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## INITIAL QUESTIONS TO ASK

1. You have been notified of an episode. What should you do next?

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2. What is a pesticide?

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3. For future reference, list all the section numbers involved in defining a pesticide.

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4. What is a pest?

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## JURISDICTION AND AUTHORITY

5. The jurisdiction of

DPR is: \_\_\_\_\_

OSHA is: \_\_\_\_\_

Commissioner's staff is: \_\_\_\_\_

6. The code section numbers involved in specifying your authority are:

CFAC \_\_\_\_\_ To enter any premise to inspect the premises or any plant, appliance or thing on the premise.

B&PC \_\_\_\_\_ To inspect and investigate pesticide applications by structural pest control operators.

CFAC \_\_\_\_\_ To enforce CFAC Division 6 and regulations pursuant to it.

CFAC \_\_\_\_\_ Agricultural Civil Penalties.

B&PC \_\_\_\_\_ Structural Civil Penalties.

CFAC \_\_\_\_\_ Commissioner Cease and Desist Orders.

CFAC \_\_\_\_\_ Director Cease and Desist Orders.

CFAC \_\_\_\_\_ Prohibit Harvest Order. (Pre-harvest Interval).

CFAC \_\_\_\_\_ Prohibit Harvest Order. (Excess Residue).

3CCR \_\_\_\_\_ Prohibit entry of employees into unsafe workplace.

## PRIORITY EPISODES

7. An episode is priority if:

**Human**

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

**Water** \_\_\_\_\_

**Air** \_\_\_\_\_

**Land** \_\_\_\_\_

**Birds (nontarget)** \_\_\_\_\_

**Fish (nontarget)** \_\_\_\_\_

**Endangered species** \_\_\_\_\_

**Other Animals (nontarget)** \_\_\_\_\_

**Property damage** \_\_\_\_\_

## EVIDENCE AND INTERVIEWS

8. What kinds of evidence may be needed to substantiate the violation?

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9. The three-phase interview.

a)

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b)

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c)

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## INVESTIGATOR'S INTERVIEW NOTES

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## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

## RECORDS, SAMPLES, DIAGRAMS, AND PHOTOGRAPHS

10. Records required by law:

Permit, Notice-of-Intent, Pesticide Use report, Written Recommendations, Notices of Completion, invoices, training records, restricted entry interval records.

11. Other records:

Inventory control, bills of lading, weight tickets, and memos of credit.

12. Samples:

Diagram the site, prevent cross contamination, package and identify, maintain chain of custody, keep evidence secure.

13. Diagrams should include:

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14. Photographs should be identified with:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

## ANALYZING THE FACTS

15. Investigator's hypothesis of the drift case:

[illegible]

16. Does the evidence support your hypothesis?

[illegible]

### ELEMENTS OF THE VIOLATION

17. Identify the elements of CFAC 12973:

The use of any pesticide shall not conflict with labeling registered pursuant to this chapter which is delivered with the pesticide, or with any additional limitations applicable to the conditions of any permit issued by the Director or commissioner.

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18. Did the person use a pesticide? \_\_\_\_\_

Was its use in conflict with the label? \_\_\_\_\_

Was the label you reviewed the same as the one delivered with the pesticide? \_\_\_\_\_

Was the label registered in California? \_\_\_\_\_

Are all elements met? \_\_\_\_\_

## INVESTIGATIVE REPORT

19. A pesticide episode report should include:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_
- g) \_\_\_\_\_
- h) \_\_\_\_\_

20. People data should include:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

## PRACTICE INVESTIGATIVE REPORT SUMMARY

21. WRITE A BRIEF REPORT COVERING THE CASE STUDY.

[illegible]

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# DOCUMENTS FOR THE PRACTICE CASE AND REPORT



**RESTRICTED MATERIALS PERMIT**

PERMIT/OPERATOR I.D. #: 60-95-6099999

County HQ District

#:

FLERD BERFEL PACKING  
9999 TROG STREET  
SANTA ANGELICA, CA 99999

Expiration Date: 12/31/95

Issue Date: 01/01/95

BERFEL, FLERD G.  
9999 TROG STREET  
SANTA ANGELICA, CA 99999

Office: (999) 555-1234

Shop: (999) 555-1235

Mobile: ( ) -

**FOR RESTRICTED MATERIALS PERMIT USE ONLY**

Permit Type: Poss. Only | | Seasonal |X| Poss. &amp; Use |X| Job | |

Permittee Type: Q. A. Cert. | | Ag. PCO | | Private App. | | Non-Ag | |

NOI required 24 hours prior to application.

Method: phone |X| box |X| person |X| modem |X| fax |X|

Number	Pesticide	Pest(s)	Form.	Method(s)	Applicator(s)
1050	CARBARYL	-----	Wettable	Air Ground	PCO Grower
3140	AZINPHOS-METHYL	-----	Wettable	Air Ground	PCO Grower
3830	METHOMYL	-----	Wettable	Air Ground	PCO Grower
16011	PARAQUAT	-----	Liquid	Ground	Grower

Non-Ag Use:

Conditions:

I understand that this permit does not relieve me from liability for any damage to persons or property caused by the use of these pesticides. I waive any claim of liability for damages against the County Department of Agriculture based on the issuance of this permit. I further understand that this permit may be revoked when pesticides are used in conflict with the manufacturer's labeling or in violation of applicable laws, regulations, and specific conditions of this permit. I **authorize inspection at all reasonable times, and whenever an emergency exists, by the Department of Pesticide Regulation or the County Department of Agriculture of: all areas treated or to be treated; storage facilities for pesticides or emptied containers; and equipment used or to be used in the treatment.** [Form PR-ENF-125 (Rev. 07/92) Pesticide Enforcement Branch]

Permit Applicant: FLERD G. BERFEL

Sign: *Flerd G. Berfel*

Title: OWNER

Date: 1/1/95

Issuing Officer: ANTHONY GOODBODY

Date: 1/1/95

FLERD BERFEL PACKING

Permit #: 60-95-6099999

Employees handle pesticides (Y or N) | N |

<u>Contact People</u>	<u>Phone</u>	<u>PCO</u>	<u>PCA</u>	<u>PCD</u>	<u>Other</u>
BARNSTORMER	(999) 555-2345	X			
AGRI-AIR SPRAYERS	(999) 555-3456	X			

<u>Site #</u>	<u>Site/Location Narrative</u> <u>Crop</u>	<u>Dist</u>	<u>Sect</u>	<u>Town</u> <u>Quant</u>	<u>Range</u> <u>Unit</u>	<u>Meridian</u> <u>Condition</u>
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1.	WALL & ALMOND		37	29N	29W	X
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	ALMONDS	(Code: 3001-0)		100.00	A	
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1050, 3140, 3830, 16011

2.	THIRD STREET & MAPLE		38	29N	29W	X
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	PEACHES	(Code: 5004.0)		60.00	A	
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1050, 3830, 16011

\*\*\* Last Page \*\*\*

GROWER NAME : Flerd Berfel Packing

ADDRESS : 9999 Trog Street, Santa Angelica, CA

PHONE : (999) 555-1234

PERMIT # : 60-95-6099999

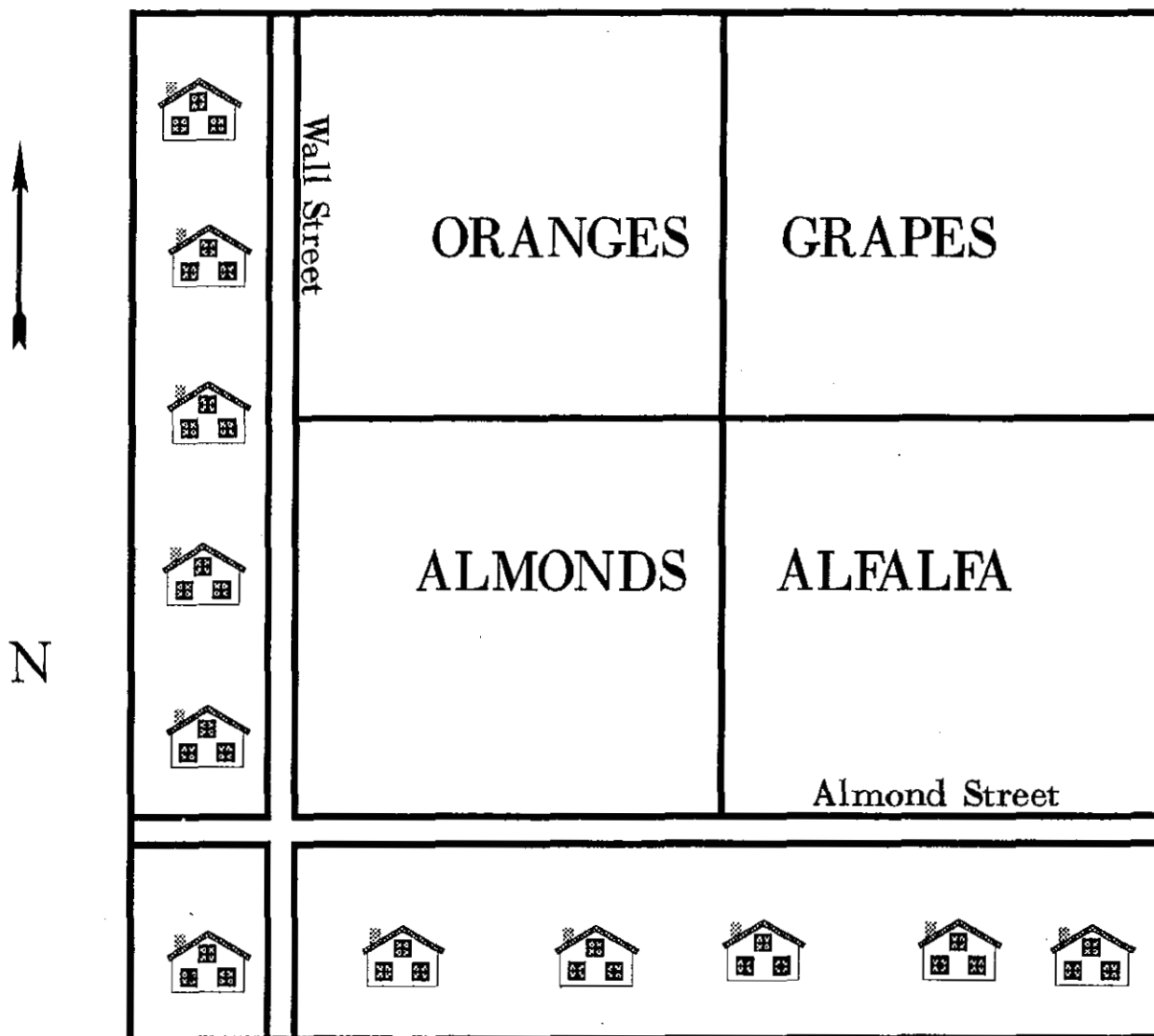
LOCATION : Sec. 37 Twn. 29S Rng. 29W Meridian X

CROP: Almonds

ACRES: 100

MAP # : 1

FIELD # : 1



## RECOMMENDATION

### Santa Angelica Pesticide Sales Inc.

Grower: Flerd Berfel Packing  
Field Location: NE corner of Wall and Almond Lane, Santa Angelica  
Crop: Almonds                      Acres: 100              Date: 07/01/95  
Pest(s): Worms and mites.

Products recommended:	Rate of application	
	<u>Per 100 gals</u>	<u>Per Acre</u>
Omite 6E		3 pts
Guthion 50 W		4 lbs.
Nufilm 17 spreader		1 pt.

I certify that alternative and mitigation measures that might have less adverse impact on the environment have been considered and found not to be feasible. (X )

Total Gallons dilute spray per acre: 50-60 gallons at 1.5 to 2 m.p.h.  
Type of application: Ground  
Criteria for treatment: Field experience  
Timing: As soon as possible

Do not use within ( 28 ) days of harvest.              Reentry days: 21  
Permit required: ( X )                                      NOI needed: ( X )  
Special Instructions: ( X )                      Toxic to bees, birds, fish and wildlife: ( X )  
Avoid drift to nontarget areas.

Recommended by: George Washington # 99999

COUNTY San Rey  
ADDRESS Santa Angelica  
COUNTY NO. 60

NOTICE OF INTENT TO APPLY  
RESTRICTED MATERIALS

PERMIT NO. 60-95-6099999

PEST CONTROL OPERATOR	ADDRESS	PERMITTEE
		Flerd Berfel Packing

LOCATION	SEC.	TWN.	RNG.	MAP ID	DATE OF APPLICATION
NE corner Wall and Almond	37	29S	29E	1	7/4/95

COMMODITY/SITE	ACRES/ UNITS	METHOD	PEST ( )
Almonds	100	Ground	Codling Moth, Mites

PESTICIDE	RATE	DILUTION/VOLUME	PESTICIDE	RATE	DILUTION/VOLUME
1. Guthion 50W	4 lb/A	50 g/A	4.		
2. Omite 6E	3 pt/A	50 g/A	5.		
3.			6.		

ENVIRONMENTAL CHANGES: None

SUBMITTED BY	DATE	TIME
Flerd Berfel	7/2/95	5 PM

	TREATMENT AREA	

REMARKS: \_\_\_\_\_

AGRICULTURAL COMMISSIONER: A. Goodbody DATE: 7/3/95 ☒ APPROVED ☐ DENIED  
DISTRIBUTION. WHITE & YELLOW—COUNTY: PINK & GOLD—PERMITTEE PESTICIDE ENFORCEMENT BRANCH FORM PR-ENF-126 (REV. 6/94)



STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE

PESTICIDE USE REPORT

1362206

NURSERY												
COUNTY NO. 1 60	SECTION 2 37	TOWNSHIP 3 29	RANGE 4 29	BASE & MERIDIAN 5 S H W	APP. METHOD 6 AIR <input type="checkbox"/> GROUND <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	PERMITTEE/PROPERTY OPERATOR 7 Flerd Berfel	APPLICATOR NAME AND ADDRESS					
OPERATOR ID/PERMIT NO. 8 60-95-6099999							SITE IDENTIFICATION NUMBER 9 1		TOTAL PLANTED ACRES/UNITS 10 100 A		Flerd Berfel Packing 9999 Trog Street Santa Angelica	
LOCATION 11 NW corner Wall and Almond							BLOCK ID (IF APPLICABLE) 12		13			
DATE/TIME APPLIED 14 7/4/95 9 PM			ACRES/UNITS TREATED 15 100 A			COMMODITY/SITE TREATED 16 Almonds						
CHEM. NO. 17	MANUFACTURER/NAME OF PRODUCT APPLIED 18				EPA/CALIF. REG. NO. FROM LABEL 19				TOTAL PRODUCT USED 20		RATE 21	DILUTION 22
	Guthion 50W				3125-301				400 (LB) OZ. PT. QT. GA.		4 lb/A	25 g/A
	Omite 6E				400-89				38 LB. OZ. PT. QT. (GA)		3 pt/A	25 g/A
									LB. OZ. PT. QT. GA.			
									LB. OZ. PT. QT. GA.			
									LB. OZ. PT. QT. GA.			
									LB. OZ. PT. QT. GA.			
DAYS REENTRY 24 21			DAYS PREHARVEST 25 28			APPLIED/SUPERVISED BY 26 F.D. Berfel						

# INVOICE

SANTA ANGELICA PESTICIDE SALES INC.  
9999 W. ALMOND LANE  
SANTA ANGELICA, CA 99999

## INVOICE

Invoice number: 9999  
Date: 07/01/95  
Account number: 9999  
Your P.O. Number:  
Terms: 2% per month after 30 days.

Name: Flerd Berfel Packing  
Address: 9999 Trog Street  
Santa Angelica, CA 99999

<u>Qty</u>	<u>Unit</u>	<u>Description</u>	<u>Unit Price</u>	<u>Amount</u>
38	gals	Omite 6E		
400	lbs	Guthion 50 W		
10	gals	Nufilm 17		

Please pay from this invoice:

Subtotal: \_\_\_\_\_  
Tax: \_\_\_\_\_  
Total: \_\_\_\_\_

State of California  
Department of Pesticide Regulation  
Pesticide Enforcement Branch

**STATEMENT**

I, John Smith, have been advised that this statement is for the express purpose of providing information necessary for the complete investigation of a pesticide-related incident. Knowing this, I make this statement freely and voluntarily.

On the evening of 07/04/95, my wife, our two children, and I were watching television about 9:30 p.m. when a strong smell came through the open window. I looked outside to see what was causing the bad smell. There was a spray rig applying a pesticide to the almonds across the road at the NW corner of Wall and Almond Streets. As time passed, we became worried about our health. We had a hard time breathing; we were sweating more than usual; and my chest hurt. We went to the clinic about 10:30 p.m. because of the effects of the pesticide smell on us. They released us that night. My children and I are OK now, but my wife still has headaches.

I declare under penalty of perjury that the foregoing is true and correct.

<i>John Smith</i>		<i>1234 Almond Lane</i>	
		<i>San Angelica, CA</i>	<i>07/07/95</i>
Signed	Title	Address	Date

I, the undersigned, an Officer of the State of California or the indicated County, on this same day, have been witness to the statement made by the above-named person.

<i>A Goodbody</i>	<i>Ag Inspector II</i>	<i>07/07/95</i>	<i>San Rey</i>
Signed	Title	Date	County



# LABELS

# OMITE®-6E

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION  
PESTICIDE REGISTRATION

Date 4-3-95 Reviewer K. Wynn  
Reg. No. 400-89-AA

## AGRICULTURAL MITICIDE

Recommended for agricultural use only

### Net contents:

#### COMPOSITION

Active Ingredients: (% by weight)

Propargite 2-(p-tert-butylphenoxy) cyclohexyl 2-propynyl sulfite\* ..... 68.1%

Inert Ingredients: ..... 31.9%

Total: ..... 100.0%

\*Contains 6 lbs. active ingredient per Gallon

### KEEP OUT OF REACH OF CHILDREN

## WARNING • AVISO

Si usted no entiende la etiqueta, busque a alguien para que se la explique a usted en detalle. (If you do not understand the label, find someone to explain it to you in detail.)

#### STATEMENT OF PRACTICAL TREATMENT

IF IN EYES: Immediately flush eyes with plenty of water. See a physician.

IF INHALED: Remove person to fresh air. Apply artificial respiration if symptoms indicate. Call a physician.

IF ON SKIN: Wash thoroughly with soap and water. Get medical attention.

IF SWALLOWED: Do not induce vomiting. Drink promptly a large quantity of milk, egg whites or gelatin solution. If these are not available, drink large quantities of water. Avoid alcohol. Call a physician or Poison Control Center immediately.

#### PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS WARNING

Causes substantial but temporary eye injury. May be fatal if inhaled or absorbed through skin. Harmful if swallowed. Do not breathe vapors or spray mist. Do not get in eyes, on skin or on clothing.

#### PERSONAL PROTECTIVE EQUIPMENT

Some materials that are chemical-resistant to this product are listed below. If you want more options, follow the instructions for Category F on an EPA chemical resistance category selection chart.

**Applicators and Other Handlers Must Wear:** Coveralls over short-sleeved shirt & short pants; chemical resistant gloves such as barrier laminate, or nitrile rubber, or butyl, or viton; chemical-resistant footwear plus socks; protective eyewear; chemical-resistant headgear for overhead exposure; chemical-resistant apron when cleaning equipment, mixing or loading; dust/mist filtering respirator (MSHA/NIOSH approval number prefix TC21C). Applicators, if applying more than 4 pints of OMITE-6E (64 oz.) per acre in air blast equipment must be in an enclosed cab.

Discard clothing and other absorbent materials that have been drenched or heavily contaminated with this product's concentrate. Do not reuse them. Follow manufacturer's instructions for cleaning and maintaining PPE. If no such instructions for washables, use detergent and hot water. Keep and wash PPE separately from other laundry.

When handlers use closed systems, enclosed cabs, or aircraft in a manner that meets the requirements listed in the Worker Protection Standard (WPS) for agricultural pesticides [40 CFR 170.240(d)(4-6)], the handler PPE requirements may be reduced or modified as specified in the WPS.

#### USER SAFETY RECOMMENDATIONS

Users should:

- Wash hands before eating, drinking, chewing gum, using tobacco, or using the toilet.
- Remove clothing immediately if pesticide gets inside. Then wash thoroughly and put on clean clothing.
- Remove PPE immediately after handling this product. Wash the outside of gloves before removing. As soon as possible, wash thoroughly and change into clean clothing.

#### ENVIRONMENTAL HAZARDS

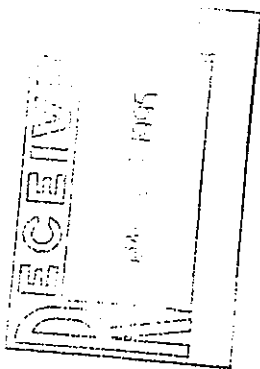
This pesticide is toxic to fish. Do not apply directly to water, to areas where surface water is present or to intertidal areas below the mean high water mark. Drift or runoff from treated areas may be hazardous to aquatic organisms in neighboring areas. Do not contaminate water when disposing of equipment washwaters.

#### PHYSICAL OR CHEMICAL HAZARDS

Do not use or store near open flame.

UNIROYAL  
CHEMICAL

NOT FOR  
DISTRIBUTION



# DOSAGE INSTRUCTIONS

See dosage instruction chart and application notes.

CROP	MITES CONTROLLED	AMOUNT PER ACRE	Gallons of Spray Solution Per Acre		NUMBER OF SPRAYS PER YEAR	DAYS BEFORE HARVEST (LAST SPRAY)
			Ground Application	Aerial Application		
Almonds (California & Arizona only)	Clover European red strawberry spider two-spotted spider pacific spider	3 - 4 pints	minimum of 50	15 <sup>1</sup>	2	28
Apricots (California only)	two-spotted spider Pacific spider	2 - 3 pints		minimum of 10	2	post-harvest only
Cranberries <sup>(2, 3, 4, 5)</sup> (Massachusetts only)	southern red mite	30 - 60 <sup>(5)</sup> fluid ounces	300		2 <sup>(2)</sup>	14
Field Corn (California only)	two-spotted spider	2 pints	20 - 50	minimum of 10	1	56
Hops	two-spotted spider	2 pints	200		2	14
Mint	two-spotted spider	2 - 3 pints	20 - 50	minimum of 10	2	14
Potatoes <sup>(4, 5)</sup> (Pacific Northwest only)	two-spotted spider	2 - 3 pints <sup>(5)</sup>	20 - 50	minimum of 10	2	14
Walnuts	two-spotted spider European red	2 - 9 pints	minimum of 100	minimum of 20 <sup>(6)</sup>	2	21

## APPLICATION NOTES

### ALMONDS

1. One application of OMITE-6E may be applied by air to almonds over one application of OMITE-30W.

### CRANBERRIES

2. OMITE-6E may be applied at 30 to 60 ounces to cranberries once prior to bloom followed by a second application of 30 ounces anytime prior to 14 days of harvest.

3. See "Use Restrictions".

### CRANBERRIES / POTATOES

4. OMITE-6E may be applied through a sprinkler irrigation system.

5. Regardless of the size of the irrigation system, if OMITE-6E is used at the recommended rate per acre, the ratio of diluent to product in the slurry tank should be approximately 4:1.

### WALNUTS

6. Use 3 to 4 pints of OMITE-6E in a minimum of 20 gallons of water per acre when applied by air.

## IRRIGATION USE PRECAUTIONS FOR CRANBERRIES AND POTATOES

A. Apply this product only through sprinkler systems, including center pivot, lateral move, end tow, side (wheel) roll, traveler, big gun, solid set, or hand move irrigation systems. Do not apply this product through any other type of irrigation system.

B. Crop injury, lack of effectiveness, or illegal pesticide residues in the crop can result from nonuniform distribution of treated water.

C. If you have questions about calibration, you should contact State Extension Service specialists, equipment manufacturers or other experts.

D. Do not connect an irrigation system (including greenhouse systems) used for pesticide application to a public water system unless the pesticide label prescribed safety devices for public water systems are in place.

E. A person knowledgeable of the chemigation system and responsible for its operation, or under the supervision of the responsible person, shall shut the system down and make the necessary adjustments should the need arise.

F. The system must contain a functional check valve, vacuum relief valve, and low pressure drain appropriately located on the irrigation pipeline to prevent water source contamination from backflow.

G. The pesticide injection pipeline must contain a functional, automatic, quick-closing check valve to prevent the flow of fluid back toward the injection pump.

H. The pesticide injection pipeline must also contain a functional, normally closed, solenoid-operated valve located on the intake side of the injection pump and connected to the system interlock to prevent fluid from being drawn from the supply tank when the irrigation system is either automatically or manually shut down.

I. The system must contain functional interlocking controls to automatically shut off the pesticide injection pump when the water pump motor stops.

J. The irrigation line or water pump must include a functional pressure switch which will stop the water pump motor when the water pressure decreases to the point where pesticide distribution is adversely affected.

K. Systems must use a metering pump, such as a positive displacement injection pump (e.g., diaphragm pump) effectively designed and constructed of materials that are compatible with pesticides and capable of being fitted with a system interlock.

L. Do not apply when wind speed favors drift beyond the area intended for treatment.

M. Constant agitation must be maintained in the chemical supply tank during the entire period of insecticide application.

N. Inject the product with a positive replacement pump into the main line ahead of a right angle turn, to insure adequate mixing.

O. Application of more than label recommended quantities of irrigation water per acre may result in decreased product performance by remov

### DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

Do not apply this product in a way that will contact workers or other persons, either directly or through drift. Only protected handlers may be in the area during application. For any requirements specific to your State or other jurisdiction, consult the agency responsible for pesticide regulation.

### AGRICULTURAL USE REQUIREMENTS

Use this product only in accordance with its labeling and with the Worker Protection Standard, 40 CFR Part 170. This Standard contains requirements for the protection of agricultural workers on farms, forests, nurseries, and greenhouses, and handlers of agricultural pesticides. It contains requirements for training, decontamination, notification, and emergency assistance. It also contains specific instructions and exceptions pertaining to the statements on this label about personal protective equipment (PPE), notification to workers and restricted-entry interval. The requirements in this box only apply to uses of this product that are covered by the Worker Protection Standard.

Do not enter or allow worker entry into treated areas during the restricted entry interval (REI) of 7 days.

Exception: After the first 48 hours of the REI, workers may enter the treated area to perform hand labor or other tasks involving contact with anything that has been treated, such as plants, soil, or water, without time limit, if they wear the early-entry personal protective equipment listed below.

PPE required for early entry to treated areas that is permitted under the Worker Protection Standard and that involves contact with anything that has been treated, such as plants, soil, or water, is:

- coveralls over short-sleeved shirt & short pants
- chemical-resistant gloves such as barrier laminate or nitrile rubber, or butyl, or viton
- chemical-resistant footwear plus socks
- protective eyewear
- chemical-resistant headgear for overhead exposure

Notify workers of the application by warning them orally and by posting warning signs at entrances to treated areas.

### GENERAL INSTRUCTIONS

OMITE®-6E is a liquid emulsifiable concentrate for preparing sprays to control mites. OMITE®-6E is not systemic in action, therefore complete coverage of both upper and lower leaf surfaces and of fruit is necessary for effective control. Add recommended dosage (from table) of OMITE®-6E to the spray tank, agitate and spray thoroughly to cover foliage and fruit for best results.

### USE RESTRICTIONS

Do not use water leaving propargite treated fields to irrigate crops used for food or feed that are not registered for use with propargite.

Do not graze or feed livestock on cover crops grown among the trees and vines listed on this label. Do not feed hop refuse or cones to livestock. However, spent hops from the extract operation may be fed. Do not feed mint spent hay to livestock.

Do not plant any food or feed crop in rotation within 6 months after last application of propargite unless the crop is a registered use for propargite.

Cranberries - Do not irrigate with floodwater from bogs treated with OMITE-6E. Do not apply OMITE-6E to cranberries if air temperatures are above 85°F.

ing the chemical from the zone of effectiveness.

P. Do not apply when system connections or fittings leak, when nozzles do not provide uniform distribution or when lines containing the product must be dismantled and drained.

Q. Greater accuracy in calibration and distribution will be achieved by injecting a larger volume of more dilute mixture per hour. Pesticide should be applied continuously for the duration of the water addition.

R. Where sprinkler irrigation patterns do not overlap sufficiently unacceptable mite control may result. Where sprinkler distribution patterns overlap excessively crop injury may result.

**COMPATIBILITIES:** OMITE®-6E is compatible with most pesticides. Observe all cautions and limitations on labeling of all products in used in mixtures.

**NOTE:**

A. Leaf injury may occur if the following conditions are not observed.

1. Do not apply OMITE®-6E with Diazinon WP if air temperatures are expected to exceed 95°F. the day of spraying hops.

2. OMITE®-6E is not compatible with petroleum based foliar spray oils. (Further information available from supplier.

B. OMITE®-6E is not compatible with alkaline materials such as lime, lime sulfur or Bordeaux. The effectiveness of OMITE will be reduced.

Information on compatibility is contained in the Uniroyal chemical product label book. Contact your supplier or Uniroyal representative for this information.

### STORAGE AND DISPOSAL

Do not contaminate water, food or feed by storage or disposal.

**PESTICIDE DISPOSAL:** Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixture or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste representative at the nearest EPA Regional Office for guidance.

**CONTAINER DISPOSAL:** Triple rinse (or equivalent). Then offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill, or incineration, or if allowed by State and local authorities, by burning. If burned, stay out of smoke.

**IMPORTANT NOTICE**—Seller warrants that this product conforms to its chemical description and is reasonably fit for the purposes stated on the label when used in accordance with the directions and instructions specified on the label under normal conditions of use, but neither this warranty nor any other warranty of merchantability or fitness for a particular purpose, express or implied, extends to the use of this product, contrary to label instructions, or under abnormal conditions, or under conditions not reasonably foreseeable to seller, and buyer assumes the risk of any such use.

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**NOT FOR  
DISTRIBUTION**

# GUTHION SOLUPAK

50% Wettable Powder crop insecticide in water soluble packets for effective economical insect control.

Keep water soluble packets in this container and store in a cool dry place, but not below freezing (32° F). Protect from heat. Keep away from open flame. Do not heat. Entire inner packets dissolve in water. After opening outer bag, drop the required unopened inner packets into spray tank as directed. Do not excessively handle water soluble packet or expose it to moisture, since this may cause breakage.

**ACTIVE INGREDIENT:**  
O,O-Dimethyl S-[(4-oxo-1,2,3-benzotriazin-2(4H)-yl)methyl] phosphorodithioate..... 50%  
**INERT INGREDIENTS.....** 50%  
100%

EPA Reg. No. 3125-301

Store in a cool dry place

STOP—Read the label before use.

Keep out of reach of children.

**DANGER**  **POISON**

(See back side for Statements of Practical Treatment and other Precautionary Statements)

**PELIGRO.**

Si usted no entiende la etiqueta, busque a alguien para que se la explique a usted en detalle.

(If you do not understand the label, find someone to explain it to you in detail.)

Directions should be in original packages only

## DIRECTIONS FOR USE.

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Do not apply this product in a way that will contact workers or other persons, either directly or through drift. Only protected handlers may be in the area during application. For any requirements specific to your State or Tribe, consult the agency responsible for pesticide regulation.

### Agricultural Use Requirements

Use this product only in accordance with its labeling and with the Worker Protection Standard, 40 CFR part 170. This Standard contains requirements for the protection of agricultural workers on farms, forests, nurseries, and greenhouses, and handlers of agricultural pesticides. It contains requirements for training, decontamination, notification, and emergency assistance. It also contains specific instructions and exceptions pertaining to the statements on this label about personal protective equipment (PPE) and restricted-entry interval. The requirements in this box only apply to users of this product that are covered by the Worker Protection Standard.

Do not enter or allow worker entry into treated areas during the restricted entry interval (REI).

Each 48 hour REI is increased to 72 hours in outdoor areas where average rainfall is less than 25 inches a year.

PPE required for early entry to treated areas that is permitted under the Worker Protection Standard and that involves contact with anything that has been treated, such as plants, soil, or water, is:

• Chemical-resistant protective suit

• Waterproof gloves


• Chemical-resistant footwear plus socks

• Chemical-resistant headgear for overhead exposure

• IMPORTANT: Read these entire Directions and Conditions of Sale before using GUTHION SOLUPAK 50% Wettable Powder.

### CONDITIONS OF SALE

The directions on this label were determined through research to be the directions for correct use of this product. This product has been tested for a range of weather conditions similar to those weather conditions that are ordinary and customary in the geographic area where the product is used. Ineffective control of pests and/or injury to the crops to which the product is applied may result from the occurrence of extraordinary or unusual weather, or from failure to follow label directions. In addition, failure to follow label directions may cause injury to other crops, animals, man, or the environment. Miles offers, and the buyer accepts and uses, this product subject to the conditions that extraordinary or unusual weather, or failure to follow label directions are beyond the control of Miles and are, therefore, the responsibility of the buyer.

**MILES** 

## GENERAL DIRECTIONS FOR ALL RECOMMENDED TYPES OF IRRIGATION SYSTEMS

Uniform Water Distribution and System Calibration

The irrigation system must provide uniform distribution of treated water. Crop injury, lack of effectiveness, or illegal pesticide residues in the crop can result from nonuniform distribution of treated water.

The system must be calibrated to uniformly apply the rates specified for chemigation application for specific crops. If you have questions about calibration, you should contact State Extension Service specialists, equipment manufacturers or other experts.

### Chemigation Monitoring

A person knowledgeable of the chemigation system and responsible for its operation, or under the supervision of the responsible person, shall shut the system down and make necessary adjustments should the need arise.

Do not apply when wind speed favors drift beyond the area intended for treatment.

### Required System Safety Devices

The system must contain a functional check valve, vacuum relief valve, and low pressure drain appropriately located on the irrigation pipeline to prevent water source contamination from backflow.

The pesticide injection pipeline must contain a functional, automatic, quick-closing check valve to prevent the flow of fluid back toward the injection pump.

The pesticide injection pipeline must also contain a functional, normally closed, solenoid-operated valve located on the intake side of the injection pump and connected to the system interlock to prevent fluid from being withdrawn from the supply tank when the irrigation system is either automatically or manually shut down.

The system must contain functional interlocking controls to automatically shut off the pesticide injection pump when the water pump motor stops.

The irrigation line or water pump must include a functional pressure switch which will stop the water pump motor when the water pressure decreases to the point when pesticide distribution is adversely affected.

Systems must use a metering pump, such as a positive displacement injection pump (e.g., diaphragm pump) effectively designed and constructed of materials that are compatible with pesticides and capable of being filled with a system interlock.

### Using Water from Public Water Systems

DO NOT APPLY GUTHION SOLUPAK THROUGH ANY IRRIGATION SYSTEM PHYSICALLY CONNECTED TO A PUBLIC WATER SYSTEM. Public water system means a system for the provision to the public of piped water for human consumption if such system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

GUTHION SOLUPAK may be applied through any of the recommended types of irrigation systems which may be supplied by a public water system only if the water from the public water system is discharged into a reservoir tank prior to pesticide introduction. There shall be a complete physical break (air gap) between the outlet and of the fill pipe and the top or overflow rim of the reservoir tank of at least twice the inside diameter of the fill pipe. Before beginning chemigation, always make sure that the air gap exists and that there is no backflow of the overflow of the reservoir tank.

Any irrigation system using water supplied from a public water system must also meet the following requirements:

The pesticide injection pipeline must contain a functional, automatic quick-closing check valve to prevent the flow of fluid back toward the injection pump.

The pesticide injection pipeline must contain a functional, normally closed, solenoid-operated valve located on the intake side of the injection pump and connected to the system interlock to prevent fluid from being withdrawn from the supply tank when the irrigation system is either automatically or manually shut down.

The pesticide injection pipeline must contain a functional, normally closed, solenoid-operated valve located on the intake side of the injection pump and connected to the system interlock to prevent fluid from being withdrawn from the supply tank when the irrigation system is either automatically or manually shut down.

NOT FOR DISTRIBUTION

## LABELING ACCEPTABLE

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION  
PESTICIDE REGISTRATION

Date 7-20-97 Reviewer FB/br/GJ

Reg. No. 3125-301-2A

### Cleaning the Chemical Injection System

In order to accurately apply pesticides, the chemical injection system must be kept clean, free of chemical or fertilizer residues and airflows. Refer to your owners manual or ask your equipment supplier for cleaning procedure for your injection system.

### Flushing the Irrigation System

At the end of the application period, allow time for all lines to flush the pesticide through all nozzles or emitters before turning off irrigation water. To ensure the lines are flushed and free of pesticides, a dye indicator may be injected into the lines to mark the end of the application period.

## SPRINKLER IRRIGATION SYSTEMS

All directions and requirements under the GENERAL DIRECTIONS AND REQUIREMENTS FOR ALL RECOMMENDED TYPES OF IRRIGATION SYSTEMS section of this label must be followed for sprinkler irrigation systems.

In addition, the following directions apply to sprinkler irrigation systems:

Do not apply when wind speed favors drift beyond the area intended for treatment.

It is recommended that nozzles in the immediate area of control panels, chemical supply tanks, pumps and system safety devices be plugged to prevent chemical contamination of these areas. Center-Pivot and Automatic-Move Linear Systems

Inject the specified dosage per acre continuously for one complete revolution or more of the system. DO NOT USE END GUNS. For a tanker application, the system should be run at minimum speed. For a solid application, the system should be run at a slower speed with application in at least 1/4 inch of water. Solid Set and Manually Controlled Linear Systems

For tanker application, injection should be during the last 30 to 60 minutes of regular irrigation period or as a separate 30 to 60 minute application not associated with a regular irrigation. For solid treatment, application should be in at least 1/4 inch of water. DO NOT USE END GUNS.

## RECOMMENDED APPLICATIONS

CROP	INSECT	POUNDS GUTHION SOLUPAK	REMARKS
FIELD CROPS Alfalfa Birdsfoot trefoil (East of the Mississippi River Only)	Leafhoppers  Alfalfa weevil Egyptian alfalfa weevil	X to 1  X to 1	Apply specified dosage per acre by air or ground equipment. Use at least 10 gallons of water per acre with ground equipment and at least 1 gallon of water per acre for aerial application. It may be necessary to use 20 to 25 gallons of water per acre on heavy growth for control of alfalfa weevil or Egyptian alfalfa weevil with ground equipment. For application by irrigation systems, apply specified dosage per acre. Follow all directions given under the GUTHION SOLUPAK section of this label. Only one application per cutting may be made regardless of rate, formulation or method of application used.
Alfalfa plant bug Fleas Grasshoppers Lyons bugs Spittlebugs		1	Do not apply within 14 days of harvest at the rate of 1/2 to 3/4 pounds per acre or within 16 days of harvest at the rate of 1 pound per acre. Restricted entry interval — 48 hours.
Rye	Cereal leaf beetle	X to 1	Apply specified dosage per acre in sufficient water to provide coverage. Do not apply more than once per season. Do not harvest for food feed, forage or grain within 30 days of treatment. Restricted entry interval — 48 hours.

**FRUIT**  
NOTE: It is suggested that when treating fruit during the bloom period, bee keepers should be warned well in advance to remove hives a safe distance from orchards to be treated.

Apples Crab apples Pears	Aphids Apple maggot Codling moth European apple sawfly Fire-spotted bud moth Fruit scale Fruit tree leaf roller Green "y" worm Leafhoppers Mealybugs Orange leafminer Pear midge Plum curculio Punam scale Red-banded leaf roller San Jose scale Sunk bug Tarnished plant bug	2 to 3 (1/2 to 3/4 pound per 100 gallons)	Apply specified dosage per acre by air or ground equipment in sufficient water for coverage. Up to 12 pounds of GUTHION SOLUPAK may be applied per crop season. Allow at least 7 days between applications and 7 days between last application and harvest. GUTHION SOLUPAK is compatible with dormant and summer oils which may be added to spray and leaf sprays in accordance with local recommendations. Restricted entry interval — 48 hours.
Cherries	Eye-spotted bud moth Fruit scale Fruit tree leaf roller Lesser peach tree borer Plum curculio San Jose scale Cherry leaf miner Nectarine moth	1 1/2 (7/8 pound per 100 gallons)	Apply specified dosage per acre as a full coverage spray. Up to 6 pounds of GUTHION SOLUPAK may be applied per acre per crop season. Allow at least 14 days between applications and 15 days between last application and harvest. California: Apply post-harvest only. Restricted entry interval — 48 hours.
Nectarines (Eastern U.S.)	Aphids Cottony peach scale European fruit lecanium scale Fruit scale Lesser peach tree borer Oriental fruit moth Peach twig borer Peach tree borer Phytophthora European leaf roller Plum curculio Reinforced leaf roller San Jose scale Sunk bug Thrips Tarnished plant bug Ternapple scale Volcanic scale White peach scale	1 1/2 to 2 1/2 (1 1/2 to 2 1/4 pound per 100 gallons)	Apply specified dosage per acre as a full coverage spray. Allow at least 14 days between applications. A total of 6 1/2 pounds per acre per crop season may be applied to nectarines. A total of 9 pounds per acre per crop season may be applied to peaches. Allow at least 21 days between last application and harvest. For control of peach tree borer, apply 2 or 3 sprays to trunk from ground to scaffold limbs, timed with moth flight. For control of scale, apply when crawlers are present. GUTHION SOLUPAK is compatible with dormant and summer oils which may be added to peach sprays in accordance with local recommendations. Restricted entry interval — 48 hours.

The enclosed packets containing GUTHION SOLUPAK 50% Wettable Powder insecticide are water soluble. Do not allow packet to become wet prior to adding to the spray tank. Do not handle with wet hands. Reseal outer bag to protect remaining packets.

To prepare the spray mixture, drop the required number of unopened packets, as determined under recommended Applications, into the spray tank while filling with water to the desired level. Operate the agitator while mixing. Depending on the water temperature and the degree of agitation, the packets should be completely dissolved within approximately 5 minutes from the time they were added to the water.

**COMPATIBILITY:** GUTHION SOLUPAK is physically compatible with many registered pesticides and liquid fertilizers. When considering mixing GUTHION SOLUPAK with other pesticides or with liquid fertilizer, first contact your supplier. For further information, contact your local Miles representative. Your supplier and Miles representative have no experience with the combination you are considering, you should conduct tests to determine physical compatibility.

To determine physical compatibility, pour the recommended proportions of each chemical with the same proportion of water as will be present in the chemical supply tank into a suitable container, mix thoroughly and allow to stand for five minutes. If the combination remains mixed, or can be remixed readily, the mixture is considered physically compatible. When mixing wettable powder or dry flowable emulsions, add and disperse these first, then add liquid pesticides. Conduct another compatibility test concentrations which will be present in the irrigation lines. If there is any separation which cannot be mixed readily, Miles recommends that the combination not be used.

Combinations should be kept agitated and should be applied immediately. Do not allow combinations to sit for prolonged periods in the chemical supply tank or irrigation lines.

## DOSEAGE

Use specified dosage of GUTHION SOLUPAK in amount of water necessary to give complete coverage of foliage. Determine the total amount of wettable powder to be added to the spray tank on the rates under "Recommended Applications." For each one pound of wettable powder to be added to the spray tank use one 1-pound packet. For example, if it is determined that 2 pounds of GUTHION SOLUPAK should be added to the spray tank, add two 1-pound packets. The type of equipment used will determine the concentration recommended. However, use of these packets is not recommended for making highly concentrated mixtures as used in aircraft spraying.

## SPRAYING

Work to windward. When low volumes of spray are applied, complete coverage and thorough penetration are essential for most effective results. Schedule applications in accordance with local conditions. Consult your State Agricultural Experiment Station or Extension Service for specific use information in your area.

## CHEMIGATION

GUTHION SOLUPAK may be applied through recommended types of irrigation systems to many crops. The REMARKS section for each crop lists the types of applications allowed. If application through irrigation systems is not listed in the REMARKS section for a crop, GUTHION SOLUPAK may not be applied to that crop through irrigation systems.

### Types of Irrigation Systems

Apply GUTHION SOLUPAK only through sprinkler, including center pivot, lateral move, side roll, overhead solid set, or low pressure sprinkler irrigation systems. Do not apply GUTHION SOLUPAK through any other types of irrigation system.

The system must contain functional interlocking controls to automatically shut off the pesticide injection pump when the water pump motor stops or in cases where there is no water pump, when the water pressure decreases to the point where pesticide distribution is adversely affected.

Systems must use a metering pump, such as a positive displacement injection pump (e.g., diaphragm pump) effectively designed and constructed of materials that are compatible with pesticides and capable of being filled with a system interlock.

Do not apply when wind speed favors drift beyond the area intended for treatment.

### Posting Requirements

This sign is in addition to any sign posted to comply with the Worker Protection Standard. Posting of areas to be chemigated is required when 1) any part of a treated area is within 300 feet of sensitive areas such as residential areas, labor camps, businesses, day care centers, hospitals, infirmities, clinics, nursing homes or any public areas such as schools, parks, playgrounds, or other public facilities not including public roads, or 2) when the chemigated area is open to the public such as golf courses or retail greenhouses.

Posting must conform to the following requirements: Treated areas shall be posted with signs at all usual points of entry and along likely routes of approach from the listed sensitive areas. When there are no usual points of entry, signs must be posted in the corners of the treated areas and in any other location affording maximum visibility to sensitive areas. The printed side of the sign should face away from the treated area towards the sensitive areas. The signs shall be printed in English. Signs must be posted prior to application and must remain posted until foliage has dried and soil surface water has disappeared. Signs may remain in place indefinitely as long as they are composed of materials to prevent deterioration and maintain legibility for the duration of the posting period.

All words shall consist of letters at least 2 1/4 inches tall, and all letters and the symbol shall be a color which sharply contrasts with their immediate background. At the top of the sign shall be the words KEEP OUT, followed by an octagonal stop sign symbol at least 8 inches in diameter containing the word STOP. Below the symbol shall be the words PESTICIDES IN IRRIGATION WATER.

Posting required for chemigation does not replace other posting and reentry interval requirements for farmworker safety.

### Compatibility

When mixing with other chemicals refer to Compatibility section elsewhere on this label.

### Agitation

For application of GUTHION SOLUPAK alone, a chemical supply tank is necessary for premixing. For application of GUTHION SOLUPAK alone or in combination with liquid fertilizer or other chemicals, constant strong mechanical or hydraulic agitation must be maintained in the chemical supply tank during the entire period of application.

Chemical Supply Tank Dilution

When a chemical supply tank is used, you must determine the required amounts of GUTHION SOLUPAK to mix in the tank.

The amount of GUTHION SOLUPAK needed equals the number of pounds of GUTHION SOLUPAK to be applied per acre multiplied by the number of acres to be chemigated.

The amount of solution needed equals the gallons of solution delivered per hour by the injection pump multiplied by the number of hours chemigation will take place.

For example, if you want to apply 2 pounds of GUTHION SOLUPAK per acre to 130 acres in 20 hours and your injection pump delivers 15 gallons per hour, you need: 2 pounds GUTHION SOLUPAK per acre X 130 acres = 260 pounds of GUTHION SOLUPAK. And, you need: 15 gallons per hour X 20 hours = 300 gallons of suspension = 300 gallons of water.

Nectarines Peaches (West of the Rocky Mountains)	Lesser peach tree borer Oriental fruit moth Peach twig borer Peach tree borer Platyedra flavidana leaf roller Plum curculio Redbanded leaf roller Stink bug Thrips Tarnished plant bug	3 to 4	days between applications A total of 6 1/4 pounds per acre per crop season may be applied to nectarines. A total of 9 pounds per acre per crop season may be applied to peaches. Allow at least 21 days between last application and harvest. For control of peach tree borer, apply 2 or 3 sprays to trunk from ground to scaffold limbs, timed with moth flight. Restricted-entry interval — 48 hours
	Aphids* Codling moth Eye-spotted bud moth Forbes scale Fruitree leaf roller Lesser peach tree borer Orange tortrix Peach tree borer Peach twig borer Plum curculio Redbanded leaf roller San Jose scale* Stink bug Tarnished plant bug* Tussock moth	1 1/4 to 2 1/4 [1 1/2 to 1 3/4 pound per 100 gallons]	Apply specified dosage per acre as a full coverage spray. A total of 6 1/4 pounds per acre per crop season may be applied to plums and prunes. Allow at least 10 days between application. Allow at least 15 days between last application and harvest. For control of peach tree borer, apply 2 or 3 sprays to trunk from ground to scaffold limbs, timed with moth flight. For control of scale, apply when crawlers are present. GUTHION SOLUPAK is compatible with dormant and summer soils which may be added to prune sprays in accordance with local recommendations. Restricted-entry interval — 48 hours
Plums Prunes (Eastern U.S.)	American plum borer	3	
	Codling moth Eye-spotted bud moth Fruitree leaf roller Lesser peach tree borer Orange tortrix Peach tree borer Peach twig borer Plum curculio Redbanded leaf roller Stink bug Tarnished plant bug* Tussock moth	2 to 4	Apply specified dosage per acre. A total of 6 1/4 pounds per acre per crop season may be applied to plums and prunes. Allow at least 10 days between applications. Allow at least 15 days between last application and harvest. For control of peach tree borer, apply 2 or 3 sprays to trunk from ground to scaffold limbs, timed with moth flight. Restricted-entry interval — 48 hours.
Blackberries Boysenberries Loganberries Raspberries	American plum borer	3 to 4	
	Leafhoppers Leaf rollers	1/2	Apply specified dosage per acre to foliage using approximately 200 gallons of water for good coverage. Do not apply more than twice per season, not within 14 days of harvest. Restricted-entry interval — 48 hours.
	Leaf miners	3/4	
Blueberries (Eastern and North Central States only)	Aphids*	3/4 to 1	
	Obscure root weevil	1	For control of root weevils prior to harvest apply specified dosage per acre to lower portion of canopy and to the soil beneath the plants using approximately 200 gallons of water. Do not apply more than twice per season. Do not make applications within 14 days of harvest. Restricted-entry interval — 48 hours.
Cranberries	Blueberry maggot Fruitworms Lecanium scale Plum curculio	1 to 1 1/2	Apply specified dosage per acre with aerial or ground equipment using sufficient water for good coverage. A total of 3 applications may be made per crop season regardless of rate or formulation used. Allow at least 10 days between applications and at least 7 days between last application and harvest. Restricted-entry interval — 48 hours
	Cranberry fruitworm Sparganothos sulfureana Tipworm	1 to 2	Apply specified dosage per acre by air using sufficient water for good coverage. For application by irrigation systems, apply specified dosage per acre following all directions given under the CHEMIGATION section of this label.
Citrus Fruits	Fireworms	2	A total of 3 applications may be made per crop season regardless of rate or formulation used. Allow at least 14 days between applications and at least 21 days between last application and harvest. Restricted-entry interval — 48 hours.
	Aphids* Black scale Brown soft scale Chaff scale Citricola scale Citrus mealybug Citrus rootweevil complex Citrus thrips Cottony-cushion scale European brown snail Florida red scale Fruitree leaf roller	2 1/4 to 4	Apply specified dosage per acre as a full coverage spray. A single application per year may be applied up to within 7 days of harvest. Where 2 applications are required, allow at least 28 days between the second application and harvest. A total of 2 applications may be applied per fruit year regardless of rate or formulation used. Do not pick fruit or do other work involving contact with the tree (such as pruning) within 7 days after treatment. Restricted-entry interval — 7 days.

\*In some areas, these species may have developed resistance to organophosphate insecticides. GUTHION insecticide used alone may not provide satisfactory control in those areas. Consult your local agricultural advisor or cooperative extension service for recommendations.

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## RECOMMENDED APPLICATIONS

CROP	INSECT	POUNDS GUTHION SOLUPAK	REMARKS
FRUIT (Continued)	Fuller rose beetle Glover scale Orange tortrix Purple scale Snow scale Western tussock moth Whiteflies	2 1/2 to 4	The citrus rootweevil complex includes sugarcane rootstalk borer (2000A weevil), fuller rose beetle, little leaf notcher, and two species of blue green citrus rootweevil. Restricted-entry interval — 7 days
Citrus Fruits (Continued)	California red scale Yellow scale	4	
Grapes	Grape berry moth Grape cane gnawer Grape mealybug Leafhoppers* Red-banded leaf roller Thrips Grape leaf skeletonizer	1 1/2 to 2	Apply specified dosage per acre as a full coverage spray. A total of 3 applications may be made per crop season regardless of rate or formulation used. Allow at least 14 days between applications. Minimum dosage specified may be applied up to harvest. With higher rates allow at least 10 days between last application and harvest. Restricted-entry interval — 48 hours
Strawberries	Aphids* Meadow spittlebug Oblique-banded leaf roller Obscure root weevil Omnivorous leaf tier Pea leaf weevil Small black (grass) weevil Strawberry leaf roller Whitefly	1	Apply specified dosage per acre as a full coverage spray using sufficient water for good coverage. For applications by irrigation systems, apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 4 applications may be made per crop season regardless of rate or formulation used. Allow at least 5 days between applications and at least 5 days between last application and harvest. Restricted-entry interval — 48 hours
NUTS			
Almonds	Peach twig borer Navel orangeworm	3 to 4	Apply specified dosage per acre as an aerial, ground concentrate or dilute application. Use at least 20 gallons per acre by aircraft and up to 400 gallons per acre by ground equipment. Applications are limited to one dormant spray and/or two post-bloom sprays per season. Alternate Row Spraying: Alternate rows may be sprayed. However, due to the presence of untreated areas, satisfactory control may not be obtained. For reduction of pest numbers to occur, all rows must be treated within 10 days or less. Restricted-entry interval — 48 hours
		2 + 2	Split Application: On large trees where coverage is difficult to obtain, an aerial application followed by a ground application may be made. In order to achieve control at this rate, two applications must be made within 10 days. Restricted-entry interval — 48 hours
All Applications: Allow 120 days between the dormant application and the first post-bloom spray. Allow at least 28 days between post-bloom sprays at 3 to 4 lbs per acre or the first spray of a split application. The last application may be made up to 28 days before harvest. Do not graze livestock in treated groves for 21 days after treatment.			
Filberts (Pacific Northwest only)	Apple mealybug Filbert worm Filbert aphid Filbert leaf roller	3 to 4	Apply specified dosage per acre as a full coverage spray. A total of 3 applications may be made per crop season regardless of rate or formulation used. Allow at least 14 days between applications and at least 30 days between last application and harvest. Do not graze livestock in treated groves for 21 days after treatment. Restricted-entry interval — 48 hours
Pecans	Aphids* Fall webworm Hickory shuckworm Leaf miners May beetles Pecan casebearer Southern green stink bug Spittlebugs Twig gnawers Walnut caterpillars	3 to 4	Apply specified dosage per acre as a full coverage spray. A total of 3 applications may be made per crop season regardless of rate or formulation used. Allow at least 7 days between applications. Do not apply after shuck split. Livestock may be grazed in treated groves after a 21-day post-treatment interval. *In some areas, these species may have developed resistance to organophosphate insecticides. GUTHION insecticide used alone may not provide satisfactory control in those areas. Consult your local agricultural advisor or cooperative extension service for recommendations. Restricted-entry interval — 48 hours
Walnuts	Codling moth Filbertworm Navel orangeworm Walnut husk fly Red-humped caterpillar	3 to 4	Apply specified dosage per acre as a full coverage spray by air or ground. A total of 3 applications may be made per crop season regardless of dosage or formulation used. Allow at least 14 days between applications except in the case of split application described below. Allow at least 21 days between last application and harvest. Do not graze livestock in treated groves for 21 days after treatment. Restricted-entry interval — 48 hours
		2 + 2	Split application: On large trees where coverage is difficult to obtain, an aerial application followed by a ground application may be made. In order to achieve control at this rate, the two applications must be made within 10 days. Allow 21 days from the last application until harvest. Restricted-entry interval — 48 hours
VEGETABLES			
Artichokes	Plume moth	3	Apply specified dosage per acre in sufficient water for complete coverage. For application by irrigation systems, apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 14 days between applications and at least 30 days between last application and harvest. Do not feed or use leafy treated forage. Restricted-entry interval — 48 hours

CROP	INSECT	POUNDS GUTHION SOLUPAK	REMARKS
VEGETABLES (Continued)	Colorado potato beetle Banded cucumber beetle Leaf miners	3/4 to 1	Apply specified dosage per acre in sufficient water for complete coverage. For application by irrigation systems, apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 7 days between applications and 7 days between last application and harvest.
Potatoes	European corn borer Flea beetle Leafhoppers Spittlebugs Tarnished plant bug	1 to 1 1/2	
	Colorado potato beetle	1 1/2 to 1 3/4	NOTE: Resistance of Colorado potato beetle has occurred in some areas. Consult your local Extension Service or MILES Sales representative for details. Restricted-entry interval — 48 hours
	Banded cucumber beetle Drosophila Green stink bug Leaf miners Whitefly	3/4 to 1	Apply specified dosage per acre by air or ground equipment in sufficient water for complete coverage. For application by irrigation systems, apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 4 applications may be made per crop season regardless of rate, formulation or method of application used. The high rates should be used where heavy infestations of late instar lepidopterous larvae (large worms) and omnivores are present. Allow at least 7 days between applications. Rates of 1 1/2 pounds per acre or less may be applied up to day of harvest.
Tomatillos	Aphids* European corn borer Flea beetles Grasshoppers Leafhoppers Thrips	1 to 1 1/2	
	Colorado potato beetle	1 1/2 to 1 3/4	NOTE: Resistance of Colorado potato beetle has occurred in some areas. Consult your local Extension Service or MILES Sales representative for details.
	Tomato hornworm Tomato pinworm Yellow-striped armyworm	1 1/2 to 3	In some areas, these species may have developed resistance to organophosphate insecticides. GUTHION insecticide used alone may not provide satisfactory control in those areas. Consult your local agricultural advisor or cooperative extension service for recommendations. Restricted-entry interval — 48 hours
MELONS	Leafhoppers Leaf miners	3/4 to 1	Apply specified dosage per acre in sufficient water for complete coverage. For application by irrigation systems, apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 5 days between applications and at least 7 days between last application and harvest. Restricted-entry interval — 48 hours
Honeydew Melons Muskmelon (Cantaloupe) Watermelon Other Melons	Leafhoppers Spotted cucumber beetle Striped cucumber beetle Western-striped cucumber beetle	1	
ORNAMENTALS	Aphids Cercopis scale Eucynus scale Juniper scale Lace bugs Leafhoppers Mites Olive scale Oystershell scale Pawpaw scale Thrips	3/4 to 1	Apply specified dosage per 100 gallons of water. Spray all foliage surfaces including the underside of leaves for complete coverage. For control of black pine leaf, brown soft, European elm, and Pinus scales, use the higher rate. Repeat as necessary. Restricted-entry interval — 48 hours
Ornamentals Nursery Plants	Brown soft scale Pinus scale	2	
	European elm scale Black pine leaf scale	1 1/2 to 2	
	Cone midge Cone moth	4 to 8	Apply specified dosage per 100 gallons of water. Time applications to coincide with moth flight when cones are open for pollination. Thorough coverage of cones is necessary for maximum control. Repeat as necessary. Restricted-entry interval — 48 hours
	European pine shoot moth Nantucket pine tip moth	3/4 to 1 1/2	Apply specified dosage per acre in sufficient water for good coverage. Time applications to coincide with moth flight. Restricted-entry interval — 48 hours
	Injury to Hawthorn or American Linden may occur under some conditions.		
Christmas Trees	Scale spp. Sawfly spp. European pine shoot moth Eastern pine shoot borer Nantucket pine tip moth	3/4 to 1 1/2	Apply specified dosage per acre by air or ground equipment in sufficient water to give complete coverage but not less than 1 gallon per acre. Time applications to coincide with susceptible pest development. Restricted-entry interval — 48 hours
Southern Pine Seed Orchards	Coneworm Seedworm	See Remarks	Use 4 pounds per 100 gallons of water (0.2% dilution) as a full coverage spray. Use 2.25 pounds per 100 gallons of water (0.1% dilution) for low volume sprays. Apply first application within 30 days following conelet closure, followed by 3 to 5 applications at least 30 days apart. Apply approximately 5 to 10 gallons of the 0.2% dilution with high volume spray or 1 to 2 gallons of the 0.1% dilution with low volume sprayer per tree. Thorough coverage of cones is necessary for maximum control. Restricted-entry interval — 48 hours

\*In some areas, these species may have developed resistance to organophosphate insecticides. GUTHION insecticide used alone may not provide satisfactory control in those areas. Consult your local agricultural advisor or cooperative extension service for recommendations.

\*\*This concentration is calculated for conventional hydraulic-type sprayers. When lower volumes of spray are applied per acre with concentrate sprayers, increase the concentration of GUTHION SOLUPAK in the spray mixture in order to apply amount of GUTHION SOLUPAK per acre equivalent to a full coverage spray. In Southern Pine Seed Orchards where conditions dictate an aerial application, spray dosage per acre equivalent to a full coverage ground spray is not less than one gallon of water per acre.

## RESTRICTIONS

Do not use on other crops used for food or forage. Use only according to label directions. Application at rates above those shown may result in illegal crop residues. Do not graze livestock in treated orchards or groves for 21 days after treatment. Do not treat food crops grown in the greenhouse.

## ROTATIONAL CROPS

Do not plant root crops other than those with registered azinphos-methyl uses in azinphos-methyl treated soil sooner than 6 months after the last application. Do not plant any other crop other than those with registered azinphos-methyl uses in treated soil sooner than 30 days after last application.

## STORAGE AND DISPOSAL.

Pesticide Disposal: Do not contaminate water, food or feed by storage or disposal. Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste Response Team for decontamination procedures or any other assistance that may be necessary. The Miles Kansas City Emergency Response Telephone No. is 816-242-2582, or contact Chemtrec at 800-

Container Disposal: Do not use container in connection with food, feed, or drinking water. Completely empty container into application equipment. Then dispose of empty container in a sanitary landfill or by incineration, or, if allowed by State and local authorities, by burning. If burned, stay out of smoke. Store in a cool, dry place and in such a manner as to prevent cross contamination with other pesticides, fertilizers, food, and feed. Do not store below freezing (32° F). Exposure to moisture or excessive handling of water soluble packets may cause leakage. Store packets in original container and out of the reach of children, preferably in a locked storage area.

Handle and open container in a manner as to prevent spillage. If the container is leaking or material spilled for any reason or cause, carefully sweep material into a pile. Refer to Precautionary Statements on label for hazards associated with the handling of this material. Do not walk through spilled material. Dispose of pesticide as directed above. In spill or leak incidents, keep unauthorized people away. You may contact the Miles Emergency Response Team for decontamination procedures or any other assistance that may be necessary. The Miles Kansas City Emergency Response Telephone No. is 816-242-2582, or contact Chemtrec at 800-



# DANGER POISON

Cabbage maggot	1/2 to 3/4	Mix specified dosage in 50 gallons of water. Apply 4 to 6 ounces of this emulsion per plant at or immediately after transplanting. Restricted-entry interval — 48 hours.
Cabbage maggot (Direct seeded fields in California only)	1 1/2	Apply specified dosage per acre in sufficient water for uniform distribution. Mix in upper 2 inches of soil prior to seeding or spray in the seed row at planting time. Usually 2 additional sprays are necessary during the growing season, depending on time of year and maggot populations. Do not apply within 21 days of harvest. Do not exceed more than 3 applications per season. Restricted-entry interval — 48 hours.
Cabbage maggot (Transplant fields in California only)	1 1/2	Apply specified dosage in 300 to 400 gallons of water per acre as a soil drench in rows when damage first appears. Additional applications may be necessary. Do not apply within 21 days of harvest. Do not exceed more than 3 applications per season. Restricted-entry interval — 48 hours.
Aphids* Leaf miners Leafhoppers Spittlebugs Tarnished plant bug	1	Apply specified dosage in 100 gallons of water as a full coverage spray** using not more than 200 gallons of finished spray per acre. Do not apply within 14 days of harvest. Do not exceed more than 3 applications per season. Restricted-entry interval — 48 hours.
Spotted cucumber beetle Striped cucumber beetle Western-striped cucumber beetle	1	Apply specified dosage per acre in sufficient water for complete coverage. For application by irrigation systems: Apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 7 days between applications and at least 1 day between last application and harvest. Restricted-entry interval — 48 hours.
Leaf miners	3/4 to 1	Apply specified dosage per acre in sufficient water for complete coverage. For application by irrigation systems: Apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 7 days between applications and at least 21 days between last application and harvest. Restricted-entry interval — 48 hours.
European corn borer Flea beetles	1	Apply specified dosage per acre by air or ground equipment in sufficient water for complete coverage. For application by irrigation systems: Apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 7 days between applications for dry bulb onions. Allow last 10 days between application for green onions. For dry onions, allow at least 28 days between last application and harvest. For green onions, allow at least 14 days between last application and harvest. Restricted-entry interval — 48 hours.
Thrips	1 to 1 1/2	Apply specified dosage per acre by air or ground equipment in sufficient water for complete coverage. For application by irrigation systems: Apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 7 days between applications and 21 days between last application and harvest. Restricted-entry interval — 48 hours.
Leaf miners	3/4 to 1	Apply specified dosage per acre by air or ground equipment in sufficient water for complete coverage. For application by irrigation systems: Apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 7 days between applications and 21 days between last application and harvest. Restricted-entry interval — 48 hours.
European corn borers Flea beetles	1	Apply specified dosage per acre by air or ground equipment in sufficient water for complete coverage. For application by irrigation systems: Apply specified dosage per acre. Follow all directions given under the CHEMIGATION section of this label. A total of 3 applications may be made per crop season regardless of rate, formulation or method of application used. Allow at least 7 days between applications and 21 days between last application and harvest. Restricted-entry interval — 48 hours.

Fatal if swallowed, inhaled, or absorbed through the skin. Do not get in eyes or on skin. Do not breathe spray mist. Spray operator should work to windward to stay out of drift or mist.

Do not contaminate feed or foodstuffs. Keep out of reach of children and domestic animals.

## Personal Protective Equipment

Applicators and other handlers (other than mixers and loaders) must wear:

- Chemical-resistant protective suit
- Waterproof gloves
- Chemical-resistant footwear plus socks
- Chemical-resistant headgear for overhead exposure
- For exposures in enclosed areas, a respirator with either an organic vapor-removing cartridge with a prefilter approved for pesticides (MSHA/NIOSH approval number prefix TC-23C), or a canister approved for pesticides (MSHA/NIOSH approval number prefix TC-14G)
- For exposures outdoors, dust/mist filtering respirator (MSHA/NIOSH approval number prefix TC-21C)

Mixers and loaders must wear:

- Chemical-resistant protective suit
- Waterproof gloves
- Chemical-resistant footwear plus socks
- Protective eyewear
- Chemical resistant headgear
- For exposures in enclosed areas, a respirator with either an organic vapor-removing cartridge with a prefilter approved for pesticides (MSHA/NIOSH approval number prefix TC-23C), or a canister approved for pesticides (MSHA/NIOSH approval number prefix TC-14G)
- For exposures outdoors, dust/mist filtering respirator (MSHA/NIOSH approval number prefix TC-21C)

Discard clothing and other absorbent materials that have been drenched or heavily contaminated with this product's concentrate. Do not reuse them. Follow manufacturer's instructions for cleaning/maintaining PPE. If no such instructions for washables, use detergent and hot water. Keep and wash PPE separately from other laundry.

Engineering controls statements: Human flaggers must be in enclosed cabs.

- When handlers use enclosed cabs or aircraft in a manner that meets the requirements listed in the Worker Protection Standard (WPS) for agricultural pesticides [40 CFR 170.240(d)(4-6)], the handler PPE requirements may be reduced or modified as specified in the WPS.

- The enclosed cabs must be used in a manner that meets the requirements listed in the Worker Protection Standard (WPS) for agricultural pesticides [40 CFR 170.240(d)(4-6)]. The handler PPE requirements may be reduced or modified as specified in the WPS.

## User Safety Recommendations:

User should:

- Wash hands before eating, drinking, chewing gum, using tobacco or using the toilet.

- Remove clothing immediately if pesticide gets inside. Then wash thoroughly and put on clean clothing.

- Remove PPE immediately after handling this product. Wash the outside of gloves before removing. As soon as possible, wash thoroughly and change into clean clothing.

**SYMPTOMS OF POISONING:** A sense of "tightness" in the chest. Sweating. Contracted pupils. Stomach pains, vomiting and diarrhea.

## STATEMENTS OF PRACTICAL TREATMENT Organophosphate

In case of poisoning, call a physician immediately. Have patient lie down and keep quiet. If swallowed, vomiting should be induced. Administer water freely and induce vomiting by giving one dose (1 oz. or 15 ml.) of syrup of ipecac. If vomiting does not occur within 10 to 20 minutes, administer second dose. If syrup of ipecac is not available, induce vomiting by sticking finger down throat. Repeat until vomit fluid is clear. Never give anything by mouth to an unconscious person. Professional medical assistance should be secured immediately. If on skin, remove contaminated clothing and wash skin immediately with soap and warm water. If eyes are contaminated, wash with flowing water for at least 15 minutes.

## TO PHYSICIAN:

**ANTIDOTE** — Administer atropine sulfate in large therapeutic doses. Repeat as necessary to the point of tolerance. 2-PAM is also antidotal and may be administered in conjunction with atropine.

Compound inhibits cholinesterase resulting in stimulation of the central nervous system, the parasympathetic nervous system, and the somatic motor nerves. Do not give morphine. Watch for pulmonary edema, which may develop in serious cases of poisoning even after 12 hours. At first sign of pulmonary edema, the patient should be placed in an oxygen tent and treated symptomatically.

## ENVIRONMENTAL HAZARDS

This pesticide is extremely toxic to fish and wildlife.

For terrestrial uses, do not apply directly to water, or to areas where surface water is present or to intertidal areas below the mean high water mark. Do not contaminate water by cleaning of equipment or disposal of wastes. Drift and runoff from treated areas may be hazardous to aquatic organisms in neighboring areas.

This product is highly toxic to bees exposed to direct treatment or residues on blooming crops or weeds. Do not apply this product or allow it to drift to blooming crops or weeds if bees are visiting the treatment area. Protective information may be obtained from your Cooperative Agricultural Extension Service.

909431

123093

Miles Inc.  
Crop Protection Products  
Box 4913, Kansas City, MO 64120-0013

NOT FOR  
DISTRIBUTION

FIRM/PERSON INSPECTED	SANTA ANGELICA PESTICIDE SALES	PERMIT/OPERATOR ID NUMBER	60-95-6099999	INSPECTING COUNTY	SAN REY
FIRM ADDRESS	999 ALMOND STREET	PHONE NUMBER	(999) 555-1234	TIME START	10 A.M.
FIRM LOCATION	SANTA ANGELICA			TIME END	11 A.M.

☐ LICENSED PEST CONTROL BUSINESS   
 ☐ GOVERNMENT AGENCY   
 ☒ PESTICIDE DEALER   
 ☒ PEST CONTROL ADVISER  
☐ QUALIFIED APPLICATOR CERTIFICATE/LICENSE   
☐ PRIVATE APPLICATOR   
☐ MAINTENANCE GARDENER   
☐ OTHER

GEORGE WASHINGTON

A. LICENSED PEST CONTROL BUSINESS RECORD INSPECTION		REF. SECTION	COMPLIANCE		
			YES	NO	N/A
1. Business Licensed, Number:	11701				
2. Business Registered in County	11732				
3. Work Supervised by Qualified Person	11701.5				
4. Pilot(s) Hold Valid Certificate	11901				
5. Pilot(s) Registered in the County	11920				
6. Application Completion Records/2 Years	6619				
7. Pesticide Use Records Retained/2 Years	6624				
8. Pesticide Use Reports Submitted	6626 - 27				
9. Valid Permits for Restricted Materials	6632				
10. Written Recommendation Retained/1 Year	12004				
Total					

B. LICENSED PEST CONTROL BUSINESS HEADQUARTER/EMPLOYEE SAFETY INSPECTION		REF. SECTION	COMPLIANCE		
			YES	NO	N/A
1. Safety Series Posted/Provided	6724				
Training Program					
2. - Required Topics	6724				
3. - Training Prior to Handling					
4. - Records Available/Complete/2 Years					
Medical Supervision Program					
5. - Use Records Retained/3 Years	6728				
6. - Physicians Agreement Available/3 Years					
7. - Recommendations/Test Results/3 Years					
8. - Medical Supervision, Posting					
9. Change Area (6 days/30 days; Categories I, II)	6732				
10. Proper Storage of Safety Equipment	6738(a)				
Respiratory Protection Program					
11. - Written Operating Procedures	6738(e)				
12. - Respiratory Equipment Properly Stored					
13. - Medical Condition Statement					
Total					

C. DEALER RECORD INSPECTION		REF. SECTION	COMPLIANCE		
(Number Records Inspected _10_)			YES	NO	N/A
1. Dealer Licensed, Number:	12101		X		
2. Designated Agent/Name:	6560		X		
3. Sales Records/Statement/Written Rec./2 Years	6562		X		
4. Appropriate Products Sold	6564		X		
Dealer Responsibilities					
5. - Permits for Restricted Material Sales/2 Years	6568		X		
6. - Statement/QAL, QAC/Available			X		
7. - Operator Identification Record			X		
8. Groundwater Protection Statement /2 Years	6570		X		
Total				0	

D. PEST CONTROL ADVISER RECORD INSPECTION (Number of Records Audited _12_)		REF. SECTION	COMPLIANCE		
			YES	NO	N/A
1. Licensed PCA, Number:	12001		X		
2. PCA Registered in County	12002		X		
3. Recommendation in Proper Categories	12054		X		
4. Required Information/Copies Furnished	12003		X		
5. Recommendations Retained/1 Year	12004		X		
6. Criteria/Certification of Alternatives	6556(d,e)		X		
7. Groundwater Protection Advisories	6557		X		
8. Complies with Pesticide Labeling	12971		X		
Total				0	

E. GROWER QUALIFIED APPLICATOR HEADQUARTER/EMPLOYEE SAFETY INSPECTION		REF. SECTION	COMPLIANCE		
			YES	NO	N/A
1. Properly Certified Person	6404				
2. Valid Restricted Materials Permit	6412				
3. Notice Prior to Pesticide Application	6618				
4. App. Comp. Notice/Notif. Method/2 Years	6619				
5. Emergency Medical Care Planned in Advance	6766(a)				
6. Records, Reentry ≥ 24 Hours/2 Years	6778				
7. Operator Identification Number Obtained	6622				
8. Site I.D. Form/Permit Retained/2 Years	6623				
9. Pesticide Use Records Available/2 Years	6624				
10. Pesticide Use Reports Submitted	6626 - 27				
Training Program					
11. Safety Series Posted/Provided	6724				
Medical Supervision Program					
12. - Required Topics	6724				
13. - Training Prior to Handling					
14. - Records Available/Complete/2 Years					
Medical Supervision Program					
15. - Use Records Retained/3 Years	6728				
16. - Physicians Agreement Available/3 Years					
17. - Recommendations/Test Results/3 Years					
18. - Medical Supervision, Posting					
19. Change Area (6 days/30 days; Categories I,II)	6732				
20. Proper Storage of Safety Equipment	6738(a)				
Respiratory Protection Program					
21. - Written Operating Procedures	6738(e)				
22. - Respiratory Equipment Properly Stored					
23. - Medical Condition Statement					
Total					

F. PESTICIDE STORAGE SITE INSPECTION		REF. SECTION	COMPLIANCE		
			YES	NO	N/A
1. Possession Permit for Stored P.M.	6412				
2. Pesticides Properly Stored/Locked	6672(b)				
3. Storage Area Posted	6674				
4. Pesticides Properly Labeled	6676				
5. Service Container Labeling	6678				
6. Pesticides in Proper Containers	6680				
7. Containers Properly Rinsed	6684				
Total					

REMARKS: (USE INSPECTION REPORT SUPPLEMENT IF ADDITIONAL SPACE IS NEEDED)

PCA IS GEORGE WASHINGTON

W/UP REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NOTICE OF VIOLATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CEASE AND DESIST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	The noncompliance items noted above are violations and must be corrected by:
ENFORCEMENT OFFICIAL SIGNATURE ANTHONY GOODBODY		DATE INSPECTED 7/8/95	INSPECTION ACKNOWLEDGEMENT A. LINCOLN
			DATE ACKNOWLEDGED 7/8/95

FIRM/PERSON INSPECTED	FLERD BERFEL PACKING	PERMIT/OPERATOR ID NUMBER	60-05-6099999	INSPECTING COUNTY	SANTA ANGELICA
FIRM ADDRESS	9999 TROG STREET	PHONE NUMBER	(999) 555-5678	TIME START	11 A.M.
FIRM LOCATION	SANTA ANGELICA			TIME END	NOON

☐ LICENSED PEST CONTROL BUSINESS   
 ☐ GOVERNMENT AGENCY   
 ☐ PESTICIDE DEALER   
 ☐ PEST CONTROL ADVISER  
☐ QUALIFIED APPLICATOR CERTIFICATE/LICENSE   
☒ PRIVATE APPLICATOR   
☐ MAINTENANCE GARDENER   
☐ OTHER \_\_\_\_\_

A. LICENSED PEST CONTROL BUSINESS RECORD INSPECTION		REF. SECTION	COMPLIANCE			D. PEST CONTROL ADVISER RECORD INSPECTION (Number of Records Audited _____)		REF. SECTION	COMPLIANCE		
			YES	NO	N/A				YES	NO	N/A
1. Business Licensed, Number:		11701				1. Licensed PCA, Number:	12001				
2. Business Registered in County		11732				2. PCA Registered in County	12002				
3. Work Supervised by Qualified Person		11701.5				3. Recommendation in Proper Categories	12054				
4. Pilot(s) Hold Valid Certificate		11901				4. Required Information/Copies Furnished	12003				
5. Pilot(s) Registered in the County		11920				5. Recommendations Retained/1 Year	12004				
6. Application Completion Records/2 Years		6619				6. Criteria/Certification of Alternatives	6556(d,e)				
7. Pesticide Use Records Retained/2 Years		6624				7. Groundwater Protection Advisories	6557				
8. Pesticide Use Reports Submitted		6626 - 27				8. Complies with Pesticide Labeling	12971				
9. Valid Permits for Restricted Materials		6632				Total					
10. Written Recommendation Retained/1 Year		12004									
Total											
<b>9. LICENSED PEST CONTROL BUSINESS HEADQUARTER/EMPLOYEE SAFETY INSPECTION</b>						<b>E. <input type="checkbox"/> GROWER <input type="checkbox"/> QUALIFIED APPLICATOR HEADQUARTER/EMPLOYEE SAFETY INSPECTION</b>					
1. Safety Series Posted/Provided						1. Properly Certified Person					
2. - Required Topics						2. Valid Restricted Materials Permit					
3. - Training Prior to Handling						3. Notice Prior to Pesticide Application					
4. - Records Available/Complete/2 Years						4. App. Comp. Notice/Notif. Method/2 Years					
5. - Use Records Retained/3 Years						5. Emergency Medical Care Planned in Advance					
6. - Physicians Agreement Available/3 Years						6. Records, Reentry ≥ 24 Hours/2 Years					
7. - Recommendations/Test Results/3 Years						7. Operator Identification Number Obtained					
8. - Medical Supervision, Posting						8. Site I.D. Form/Permit Retained/2 Years					
9. Change Area (6 days/30 days; Categories I, II)						9. Pesticide Use Records Available/2 Years					
10. Proper Storage of Safety Equipment						10. Pesticide Use Reports Submitted					
11. - Written Operating Procedures						11. Safety Series Posted/Provided					
12. - Respiratory Equipment Properly Stored						12. - Required Topics					
13. - Medical Condition Statement						13. - Training Prior to Handling					
Total						14. - Records Available/Complete/2 Years					
						15. - Use Records Retained/3 Years					
						16. - Physicians Agreement Available/3 Years					
						17. - Recommendations/Test Results/3 Years					
						18. - Medical Supervision, Posting					
						19. Change Area (6 days/30 days; Categories I, II)					
						20. Proper Storage of Safety Equipment					
						21. - Written Operating Procedures					
						22. - Respiratory Equipment Properly Stored					
						23. - Medical Condition Statement					
						24. - Hazardous Communications					
						Total					
<b>DEALER RECORD INSPECTION</b>						<b>F. PESTICIDE STORAGE SITE INSPECTION</b>					
1. Dealer Licensed Number:						1. Possession Permit for Stored R.M.					
2. Designated Agent/Name:						2. Pesticides Properly Stored/Locked					
3. Sales Records/Statement/Written Rec./2 Years						3. Storage Area Posted					
4. Appropriate Products Sold						4. Pesticides Properly Labeled					
5. Dealer Responsibilities						5. Service Container Labeling					
6. - Permits for Restricted Material Sales/2 Years						6. Pesticides in Proper Containers					
7. - Statement/QAL, QAC/Available						7. Containers Properly Rinsed					
8. - Operator Identification Record						Total					
Total											

MARKS: (USE INSPECTION REPORT SUPPLEMENT IF ADDITIONAL SPACE IS NEEDED)

ON 7/4/95 THE PERMITTEE APPLIED GUTHION AND OMITE TO ALMONDS

LOW UP REQUIRED	NOTICE OF VIOLATION	CEASE AND DESIST	The noncompliance items noted above are violations and must be corrected		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	by: JULY 10, 1995		
ENFORCEMENT OFFICIAL SIGNATURE		DATE INSPECTED	INSPECTION ACKNOWLEDGEMENT		DATE ACKNOWLEDGED
ANTHONY GOODBODY		7/7/95	F.D. BERFEL		7/7/95

STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
Chemistry Laboratory Services

REQUEST FOR ANALYSIS AND REPORT OF ANALYSIS  
ON MATERIALS SUBMITTED BY  
COLLABORATING PUBLIC AGENCIES

531-002 (REV. 3/80)

<b>NOTICE:</b> This form will be returned to you. Please type or print your address legibly with black ink and fill out form as completely as possible.		LABORATORY NO. <u>1234567</u>
		Date Received <u>7/7/95</u> (For Laboratory Use Only)
Agency Name <b>SAN REY COUNTY</b>	cc Requester Pesticide Enforcement (2)	
Address <b>SANTA ANGELICA CA 99999</b>		
City <b>SANTA ANGELICA</b> State <b>CA</b> Zip <b>99999</b>		
(Please use address of collaborating agency only)		<input checked="" type="checkbox"/> Check if custody record is required

Sample consists of WINDOW SWAB. SAMPLE SIZE 100 CENTIMETERS SQUARE.

Sample identification marks SR 1

Location/source of sample 12345 ALMOND STREET, SANTA ANGELICA County SAN REY

Detailed description of problem SUSPECTED DRIFT OF PESTICIDES, GUTHION AND OMITE.

I hereby certify that the analysis requested is necessary in connection with matters relating to my official duties.

Sample Priority (From Back)	Basis for Sample (Alleged Problem)	By <u>ANTHONY GOODBODY</u>
<input checked="" type="checkbox"/> # 1	<input checked="" type="checkbox"/> Human Health Hazard	Title <u>AG INSPECTOR</u>
<input type="checkbox"/> # 2	<input type="checkbox"/> Plant Symptoms or damage	Date <u>7/7/95</u>
<input type="checkbox"/> # 3	<input type="checkbox"/> Animal/bee illness/loss	
	<input checked="" type="checkbox"/> Environmental Effects	

State specific analysis requested

**GUTHION (AZINPHOS METHYL)**  
**OMITE (PROPARGITE)**

Laboratory Findings

**NONE DETECTED**  
**NONE DETECTED**

Requested Disposition of Remaining Sample

☒ Results Phoned  
By B. CUSICK  
Date 7/8/95

Chemist  
THOMAS JEFFERSON  
Date 7/8/95

STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
Chemistry Laboratory Services

REQUEST FOR ANALYSIS AND REPORT OF ANALYSIS  
ON MATERIALS SUBMITTED BY  
COLLABORATING PUBLIC AGENCIES

531-002 (REV. 3/80)

<b>NOTICE:</b> This form will be returned to you. Please type or print your address legibly with black ink and fill out form as completely as possible.		LABORATORY NO. <u>1234568</u>
		Date Received <u>7/7/95</u> (For Laboratory Use Only)
Agency Name <b>SAN REY COUNTY</b>	cc Requester Pesticide Enforcement (2)	
Address <b>SANTA ANGELICA CA 99999</b>		
City <b>SANTA ANGELICA</b> State <b>CA</b> Zip <b>99999</b>		
(Please use address of collaborating agency only)		<input checked="" type="checkbox"/> Check if custody record is required

Sample consists of 3 LBS. OF WEEDS

Sample identification marks SR 2

Location/source of sample S. SIDE ALMOND ST. 1/8 MILE E OF WALL County SAN REY

Detailed description of problem SUSPECTED DRIFT OF PESTICIDES, GUTHION AND OMITE.

I hereby certify that the analysis requested is necessary in connection with matters relating to my official duties.		
Sample Priority (From Back)	Basis for Sample (Alleged Problem)	By <u>ANTHONY GOODBODY</u>
<input checked="" type="checkbox"/> # 1	<input checked="" type="checkbox"/> Human Health Hazard	Title <u>AG INSPECTOR</u>
<input type="checkbox"/> # 2	<input type="checkbox"/> Plant Symptoms or damage	Date <u>7/7/95</u>
<input type="checkbox"/> # 3	<input type="checkbox"/> Animal/bee illness/loss	
	<input checked="" type="checkbox"/> Environmental Effects	

State specific analysis requested	Laboratory Findings
GUTHION (AZINPHOS METHYL) OMITE (PROPARGITE)	NONE DETECTED NONE DETECTED

Requested Disposition of Remaining Sample	<input checked="" type="checkbox"/> Results Phoned	
	By <u>B. CUSICK</u>	Chemist <u>THOMAS JEFFERSON</u>
	Date <u>7/8/95</u>	Date <u>7/8/95</u>

STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
Chemistry Laboratory Services

REQUEST FOR ANALYSIS AND REPORT OF ANALYSIS  
ON MATERIALS SUBMITTED BY  
COLLABORATING PUBLIC AGENCIES

531-002 (REV. 3/80)

<b>NOTICE:</b> This form will be returned to you. Please type or print your address legibly with black ink and fill out form as completely as possible.		LABORATORY NO. <u>1234569</u>
		Date Received <u>7/7/95</u> (For Laboratory Use Only)
Agency Name <b>SAN REY COUNTY</b>	cc Requester Pesticide Enforcement (2)	
Address <b>SANTA ANGELICA CA 99999</b>		
City <b>SANTA ANGELICA</b> State <b>CA</b> Zip <b>99999</b>		
(Please use address of collaborating agency only)		<input checked="" type="checkbox"/> Check if custody record is required

Sample consists of 3 LBS. OF WEEDS

Sample identification marks SR 3

Location/source of sample N. SIDE ALMOND ST. 1/8 MILE E OF WALL County SAN REY

Detailed description of problem SUSPECTED DRIFT OF PESTICIDES, GUTHION AND OMITE.

I hereby certify that the analysis requested is necessary in connection with matters relating to my official duties.

Sample Priority (From Back)	Basis for Sample (Alleged Problem)	By <u>ANTHONY GOODBODY</u>
<input checked="" type="checkbox"/> # 1	<input checked="" type="checkbox"/> Human Health Hazard	Title <u>AG INSPECTOR</u>
<input type="checkbox"/> # 2	<input type="checkbox"/> Plant Symptoms or damage	Date <u>7/7/95</u>
<input type="checkbox"/> # 3	<input type="checkbox"/> Animal/bee illness/loss	
	<input checked="" type="checkbox"/> Environmental Effects	

State specific analysis requested

**GUTHION (AZINPHOS METHYL)**  
**OMITE (PROPARGITE)**

Laboratory Findings

**NONE DETECTED**  
**NONE DETECTED**

Requested Disposition of Remaining Sample

<input checked="" type="checkbox"/> Results Phoned	
By <u>B. CUSICK</u>	Chemist <u>THOMAS JEFFERSON</u>
Date <u>7/8/95</u>	Date <u>7/8/95</u>

STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
Chemistry Laboratory Services

REQUEST FOR ANALYSIS AND REPORT OF ANALYSIS  
ON MATERIALS SUBMITTED BY  
COLLABORATING PUBLIC AGENCIES

531-002 (REV. 3/80)

<b>NOTICE:</b> This form will be returned to you. Please type or print your address legibly with black ink and fill out form as completely as possible.		LABORATORY NO. <u>1234570</u>
		Date Received <u>7/7/95</u> (For Laboratory Use Only)
Agency Name <b>SAN REY COUNTY</b>	cc Requester Pesticide Enforcement (2)	
Address <b>SANTA ANGELICA CA 99999</b>		
City State Zip		
(Please use address of collaborating agency only)		<input checked="" type="checkbox"/> Check if custody record is required

Sample consists of ALMOND LEAVES

Sample identification marks SR 4

Location/source of sample S. EDGE OF ORCHARD 1/8 MILE E OF WALL County SAN REY

Detailed description of problem SUSPECTED DRIFT OF PESTICIDES, GUTHION AND OMITE.

I hereby certify that the analysis requested is necessary in connection with matters relating to my official duties.

By ANTHONY GOODBODY

Title AG INSPECTOR

Date 7/7/95

Sample Priority  
(From Back)

- ☒ # 1  
☐ # 2  
☐ # 3

Basis for Sample (Alleged Problem)

- ☒ Human Health Hazard  
☐ Plant Symptoms or damage  
☐ Animal/bee illness/loss  
☒ Environmental Effects

State specific analysis requested

**GUTHION (AZINPHOS METHYL)**  
**OMITE (PROPARGITE)**

Laboratory Findings

50 ppm.  
50 ppm.

Requested Disposition of Remaining Sample

☒ Results Phoned

By B. CUSICK

Date 7/8/95

Chemist

THOMAS JEFFERSON

Date 7/8/95

STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
Chemistry Laboratory Services

REQUEST FOR ANALYSIS AND REPORT OF ANALYSIS  
ON MATERIALS SUBMITTED BY  
COLLABORATING PUBLIC AGENCIES

531-002 (REV. 3/80)

<b>NOTICE:</b> This form will be returned to you. Please type or print your address legibly with black ink and fill out form as completely as possible.		LABORATORY NO. <u>1234571</u>
		Date Received <u>7/7/95</u> (For Laboratory Use Only)
Agency Name <b>SAN REY COUNTY</b>	cc Requester Pesticide Enforcement (2)	
Address <b>SANTA ANGELICA CA 99999</b>		
City <b>SANTA ANGELICA</b> State <b>CA</b> Zip <b>99999</b>		
(Please use address of collaborating agency only)		<input checked="" type="checkbox"/> Check if custody record is required

Sample consists of ALMOND LEAVES

Sample identification marks SR 5

Location/source of sample 10 ROWS N ALMOND ST 1/8 MILE E OF WALL County SAN REY

Detailed description of problem SUSPECTED DRIFT OF PESTICIDES, GUTHION AND OMITE.

I hereby certify that the analysis requested is necessary in connection with matters relating to my official duties.		
		By <u>ANTHONY GOODBODY</u>
		Title <u>AG INSPECTOR</u>
		Date <u>7/7/95</u>
Sample Priority (From Back)	Basis for Sample (Alleged Problem)	
<input checked="" type="checkbox"/> # 1	<input checked="" type="checkbox"/> Human Health Hazard	
<input type="checkbox"/> # 2	<input type="checkbox"/> Plant Symptoms or damage	
<input type="checkbox"/> # 3	<input type="checkbox"/> Animal/bee illness/loss	
	<input checked="" type="checkbox"/> Environmental Effects	

State specific analysis requested	Laboratory Findings
<b>GUTHION (AZINPHOS METHYL)</b>	100 ppm.
<b>OMITE (PROPARGITE)</b>	100 ppm.

Requested Disposition of Remaining Sample	<input checked="" type="checkbox"/> Results Phoned	
	By <u>B. CUSICK</u>	Chemist <u>THOMAS JEFFERSON</u>
	Date <u>7/8/95</u>	Date <u>7/8/95</u>



STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
Chemistry Laboratory Services

REQUEST FOR ANALYSIS AND REPORT OF ANALYSIS  
ON MATERIALS SUBMITTED BY  
COLLABORATING PUBLIC AGENCIES

531-002 (REV. 3/80)

<b>NOTICE:</b> This form will be returned to you. Please type or print your address legibly with black ink and fill out form as completely as possible.		LABORATORY NO. <u>1234572</u>
		Date Received <u>7/7/95</u> (For Laboratory Use Only)
Agency Name <b>SAN REY COUNTY</b>	cc Requester Pesticide Enforcement (2)	
Address <b>SANTA ANGELICA CA 99999</b>		
City State Zip		
(Please use address of collaborating agency only)		<input checked="" type="checkbox"/> Check if custody record is required

Sample consists of COTTON BALLS. CONTROL FOR SWAB CONTAMINATION.

Sample identification marks SR 6

Location/source of sample \_\_\_\_\_ County SAN REY

Detailed description of problem SUSPECTED DRIFT OF PESTICIDES, GUTHION AND OMITE.

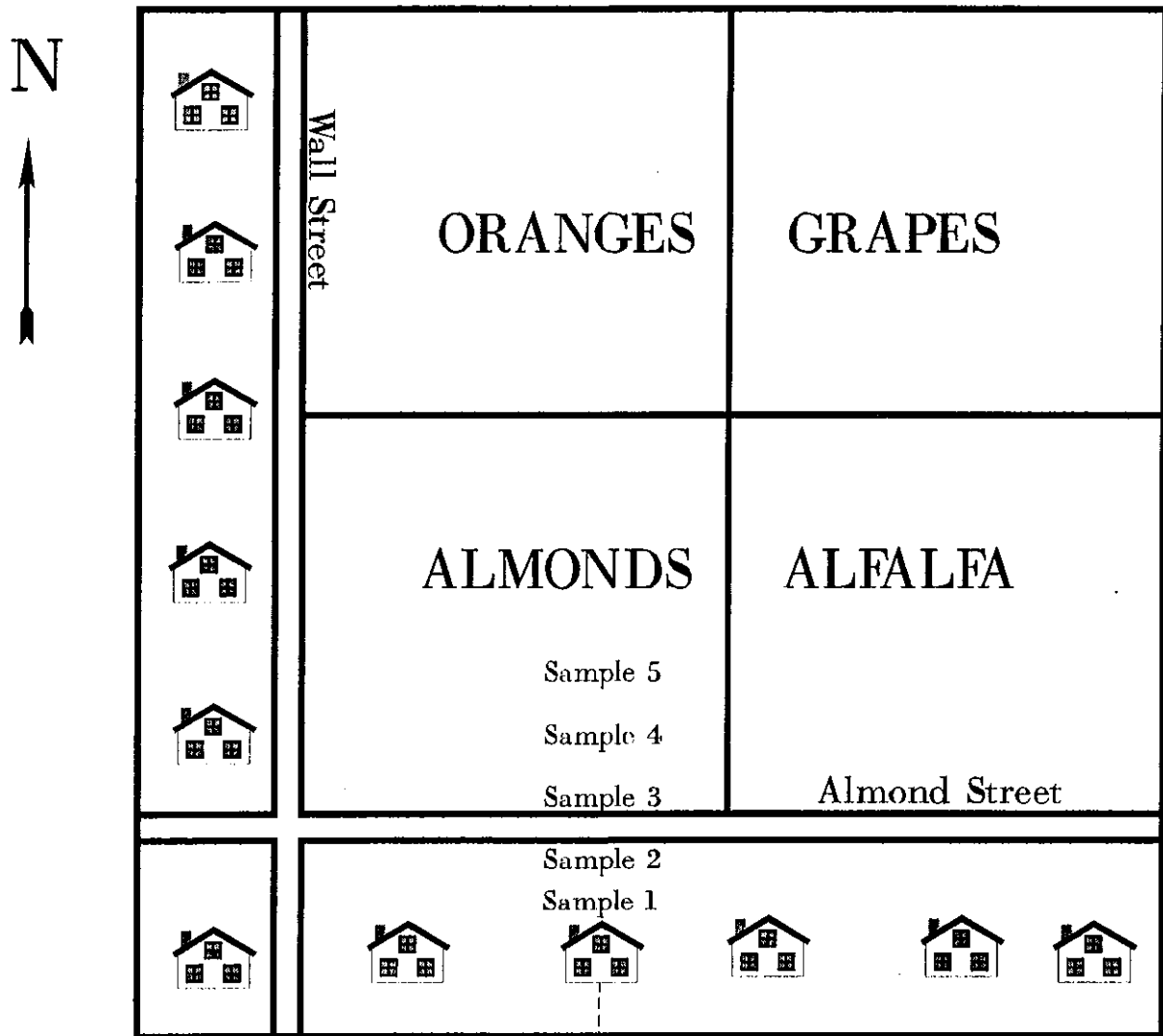
I hereby certify that the analysis requested is necessary in connection with matters relating to my official duties.		
Sample Priority (From Back) <input checked="" type="checkbox"/> # 1 <input type="checkbox"/> # 2 <input type="checkbox"/> # 3	Basis for Sample (Alleged Problem)	By <u>ANTHONY GOODBODY</u>
	<input checked="" type="checkbox"/> Human Health Hazard	Title <u>AG INSPECTOR</u>
	<input type="checkbox"/> Plant Symptoms or damage	Date <u>7/7/95</u>
	<input type="checkbox"/> Animal/bee illness/loss	
	<input checked="" type="checkbox"/> Environmental Effects	

State specific analysis requested	Laboratory Findings
<b>GUTHION (AZINPHOS METHYL)</b> <b>OMITE (PROPARGITE)</b>	<b>NONE DETECTED</b> <b>NONE DETECTED</b>

Requested Disposition of Remaining Sample	<input checked="" type="checkbox"/> Results Phoned By <u>B. CUSICK</u>	Chemist <u>THOMAS JEFFERSON</u>
	Date <u>7/8/95</u>	Date <u>7/8/95</u>



# SMITH & BERFEL EPISODE



Smith Residence, 1234 Almond Street

## Sample Sites

1. Swab, north window, Smith residence.
2. Weeds, south side of road.
3. Weeds, north side of road.
4. Almond leaves, south edge of orchard.
5. Almond leaves, 10 rows into orchard.
6. Swab control.

Wind Direction



June 23, 1995

MEDICAL INFORMATION AUTHORIZATION

I Hereby Authorize Dr. Don Hippocrates  
(Physician or Hospital)  
Santa Angelica Clinic  
(Address)  
to Furnish to Anthony Goodbody  
(Name of Recipient or Responsible Agency)  
San Rey County Agricultural Commissioner  
(Address)  
1234 Wall Street, Santa Angelica

Medical records and all information pertinent to the medical care, treatment, hospitalization and/or outpatient care received by (self, child, or ward)  
Smith Family in regard to (describe incident)

Pesticide-related illness

which occurred on July 4, 1995  
(date/dates)

I understand the purpose of providing this information is to assist in the investigation of the above incident, any associated legal or administrative action in connection with the incident. All records obtained by virtue of this authorization relating to the physical or mental condition of any person are confidential and not open to public inspection. The information may be made available to me or my attorney on request.

A copy of this authorization may be used the same as the original.

July 12, 1995  
(Dated)

J. Smith  
(Signed) (Individually or as parent or guardian)

J. T. Anybody  
(Witness)

## PESTICIDE ILLNESS REPORT

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PATIENT: **JOAN SMITH** Age: **25** Sex: **M**  
City: **SANTA ANGELICA** County: **SAN REY**  
Address: **1234 Almond Street** Social Security Number: **999-42-9535**

---

## INJURY:

At Address: **1234 Almond Street** City: **Santa Angelica** County: **San Rey**  
Was injury: ☒ 1 At Home ☐ 2 At Work --agriculture ☐ 3 At Work - nonagriculture ☐ 4 Other exposure:  
If at work: a) Employer's name and address:

b) Manager or supervisor:

Date of exposure: **7/4/95** Time of exposure: **9:00 pm** Date of illness: **7/4/95** Date of death

Is there reason to believe others were exposed? ☐ No ☒ Yes

## PATIENTS DESCRIPTION OF EXPOSURE:

Activity at time of exposure: ☐ 1 Applying pesticides ☐ 2 manufacturing pesticides ☐ 3 Mixing pesticides  
☐ 4 Entering pesticide area ☐ 5 Disposing of pesticides or their containers ☐ 6 Eating contaminated food  
☐ 7 Other exposure (explain) **Exposure to noxious fumes.**

Name of pesticide(s): **OMITE & GUTHION**

Ingredients of pesticides:

Primary route of exposure: ☐ 1 Oral ☐ 2 Dermal ☐ 3 Eye ☒ 4 Inhalation ☐ 5 Unknown

## PHYSICIAN'S DESCRIPTION OF EXPOSURE:

Date first seen: **7/4/95** Time first seen: **11:00 pm.**

Major signs, symptoms, adverse reactions:

**Tightness of chest, nausea, shortness of breath, headache.**

Hospitalized? ☒ 1 NO ☐ 2 Yes If yes hospital name:

Hospital phone: ( )

Emergency room only? ☒ 1 No ☐ 2 Yes

Physician's Office only? ☐ 1 No ☒ 2 Yes

Physician's name and address: **Dr. Hippocrates, Santa Angelica Clinic**

Diagnosis studies ordered? ☒ 1 No ☐ 2 Yes

Diagnosis: **Exposure to pesticides.**

Brief description of incident ( if female indicate if pregnant): **A field was sprayed about 1/4 mile from the home. Pesticides used were Omit and Guthion. Pregnancy is not indicated.**

## AGENCY COMPLETING FORM:

Name/Agency/County: **Dolly Madison, San Rey County Health Department**

Pesticide illness reporting is required by the California Health and safety Code (See back of this form, Part 1 and Part 2). Please complete as much information as possible and submit form promptly.

## PESTICIDE ILLNESS REPORT

PATIENT: **JOHN SMITH** Age: **29** Sex: **M**  
City: **SANTA ANGELICA** County: **SAN REY**  
Address: **1234 Almond Street** Social Security Number: **888-42-9535**

## INJURY:

At Address: **1234 Almond Street** City: **Santa Angelica** County: **San Rey**  
Was injury: ☒ 1 At Home ☐ 2 At Work --agriculture ☐ 3 At Work - nonagriculture ☐ 4 Other exposure:  
If at work: a) Employer's name and address:

b) Manager or supervisor:

Date of exposure: **7/4/95** Time of exposure: **9:00 pm** Date of illness: **7/4/95** Date of death

Is there reason to believe others were exposed? ☐ No ☒ Yes

## PATIENTS DESCRIPTION OF EXPOSURE:

Activity at time of exposure: ☐ 1 Applying pesticides ☐ 2 manufacturing pesticides ☐ 3 Mixing pesticides  
☐ 4 Entering pesticide area ☐ 5 Disposing of pesticides or their containers ☐ 6 Eating contaminated food  
☐ 7 Other exposure (explain) **Exposure to noxious fumes.**

Name of pesticide(s): **OMITE & GUTHION**

Ingredients of pesticides:

Primary route of exposure: ☐ 1 Oral ☐ 2 Dermal ☐ 3 Eye ☒ 4 Inhalation ☐ 5 Unknown

## PHYSICIAN'S DESCRIPTION OF EXPOSURE:

Date first seen: **7/4/95** Time first seen: **11:00 pm.**

Major signs, symptoms, adverse reactions:

**Tightness of chest, nausea, shortness of breath.**

Hospitalized? ☒ 1 NO ☐ 2 Yes If yes hospital name:

Hospital phone: ( )

Emergency room only? ☒ 1 No ☐ 2 Yes

Physician's Office only? ☐ 1 No ☒ 2 Yes

Physician's name and address: **Dr. Hippocrates, Santa Angelica Clinic**

Diagnosis studies ordered? ☒ 1 No ☐ 2 Yes

Diagnosis: **Exposure to pesticides.**

Brief description of incident ( if female indicate if pregnant): **A field was sprayed about 1/4 mile from the home. Pesticides used were Omitte and Guthion.**

## AGENCY COMPLETING FORM:

Name/Agency/County: **Dolly Madison, San Rey County Health Department**

Pesticide illness reporting is required by the California Health and safety Code (See back of this form, Part 1 and Part 2). Please complete as much information as possible and submit form promptly.

## PESTICIDE ILLNESS REPORT

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PATIENT: Age: 9 Sex: F  
ANN SMITH City: SANTA ANGELICA County: SAN REY  
Address: 1234 Almond Street Social Security Number: 777-42-9535

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## INJURY:

At Address: 1234 Almond Street City: Santa Angelica County: San Rey  
Was injury: ☒ 1 At Home ☐ 2 At Work --agriculture ☐ 3 At Work - nonagriculture ☐ 4 Other exposure:  
If at work: a) Employer's name and address:

b) Manager or supervisor:

Date of exposure: 7/4/95 Time of exposure: 9:00 pm Date of illness: 7/4/95 Date of death

Is there reason to believe others were exposed? ☐ No ☒ Yes

## PATIENTS DESCRIPTION OF EXPOSURE:

Activity at time of exposure: ☐ 1 Applying pesticides ☐ 2 manufacturing pesticides ☐ 3 Mixing pesticides  
☐ 4 Entering pesticide area ☐ 5 Disposing of pesticides or their containers ☐ 6 Eating contaminated food  
☐ 7 Other exposure (explain) **Exposure to noxious fumes.**

Name of pesticide(s): **OMITE & GUTHION**

Ingredients of pesticides:

Primary route of exposure: ☐ 1 Oral ☐ 2 Dermal ☐ 3 Eye ☒ 4 Inhalation ☐ 5 Unknown

## PHYSICIAN'S DESCRIPTION OF EXPOSURE:

Date first seen: 7/4/95 Time first seen: 11:00 pm.

Major signs, symptoms, adverse reactions:

**Tightness of chest, nausea, shortness of breath.**

Hospitalized? ☒ 1 NO ☐ 2 Yes If yes hospital name:

Hospital phone: ( )

Emergency room only? ☒ 1 No ☐ 2 Yes

Physician's Office only? ☐ 1 No ☒ 2 Yes

Physician's name and address: **Dr. Hippocrates, Santa Angelica Clinic**

Diagnosis studies ordered? ☒ 1 No ☐ 2 Yes

Diagnosis: **Exposure to pesticides.**

Brief description of incident ( if female indicate if pregnant): **A field was sprayed about 1/4 mile from the home. Pesticides used were Omit and Guthion.**

## AGENCY COMPLETING FORM:

Name/Agency/County: **Dolly Madison, San Rey County Health Department**

Pesticide illness reporting is required by the California Health and safety Code (See back of this form, Part 1 and Part 2). Please complete as much information as possible and submit form promptly.

## PESTICIDE ILLNESS REPORT

PATIENT: Age: 7 Sex: M  
JIMMY SMITH City: SANTA ANGELICA County: SAN REY  
Address: 1234 Almond Street Social Security Number: 555-42-9535

## INJURY:

At Address: 1234 Almond Street City: Santa Angelica County: San Rey  
Was injury: ☒ 1 At Home ☐ 2 At Work --agriculture ☐ 3 At Work - nonagriculture ☐ 4 Other exposure:  
If at work: a) Employer's name and address:

b) Manager or supervisor:

Date of exposure: 7/4/95 Time of exposure: 9:00 pm Date of illness: 7/4/95 Date of death

Is there reason to believe others were exposed? ☐ No ☒ Yes

## PATIENTS DESCRIPTION OF EXPOSURE:

Activity at time of exposure: ☐ 1 Applying pesticides ☐ 2 manufacturing pesticides ☐ 3 Mixing pesticides  
☐ 4 Entering pesticide area ☐ 5 Disposing of pesticides or their containers ☐ 6 Eating contaminated food  
☐ 7 Other exposure (explain) **Exposure to noxious fumes.**

Name of pesticide(s): **OMITE & GUTHION**

Ingredients of pesticides:

Primary route of exposure: ☐ 1 Oral ☐ 2 Dermal ☐ 3 Eye ☒ 4 Inhalation ☐ 5 Unknown

## PHYSICIAN'S DESCRIPTION OF EXPOSURE:

Date first seen: 7/4/95 Time first seen: 11:00 pm.

Major signs, symptoms, adverse reactions:

**Tightness of chest, nausea, vomitting, shortness of breath.**

Hospitalized? ☒ 1 NO ☐ 2 Yes If yes hospital name:

Hospital phone: ( )

Emergency room only? ☒ 1 No ☐ 2 Yes

Physician's Office only? ☐ 1 No ☒ 2 Yes

Physician's name and address: **Dr. Hippocrates, Santa Angelica Clinic**

Diagnosis studies ordered? ☒ 1 No ☐ 2 Yes

Diagnosis: **Exposure to pesticides.**

Brief description of incident ( if female indicate if pregnant): **A field was sprayed about 1/4 mile from the home. Pesticides used were Omit and Guthion.**

## AGENCY COMPLETING FORM:

Name/Agency/County: **Dolly Madison, San Rey County Health Department**

Pesticide illness reporting is required by the California Health and safety Code (See back of this form, Part 1 and Part 2). Please complete as much information as possible and submit form promptly.